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ABSTRACT

The second phase of a two-part project was conducted to study the nature and outcome of child welfare services in the child's own home. For purposes of this study, the own-home service category included "all children who might be in jeopardy of placement and who were receiving child welfare services other than placement." The study was directed toward these questions: (1) Who are the children and families served in their own homes? (2) What does the service comprise? (3) How do the clients perceive the service? and (4) What is the outcome of the service? Complete data was available on 184 cases involving 429 children. Results included the following: (1) slightly over half of the families were headed by mothers only; (2) 64% were white, 34% black, and 2% other; (3) the precipitating problem was abuse, neglect or inadequate care in 43% of the cases; (4) type of service received was--day care 30%, homemaker 3%, preventive 30%, protective 31%, and placement 6%; (5) direct service contacts tended to focus on the care of the children and the mother's functioning; (6) 64% of the clients reported that the agency had been "very helpful"; (7) after services, children showed general improvement in the areas of parent-child relationships and of emotional functioning; (8) mothers improved in their ability to set limits for their children; and (9) fathers showed some evidence of deterioration during the project. (KM)

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CHILD WELFARE LEAGUE OF AMERICA

SERVICE TO CHILDREN IN THEIR OWN HOMES

Its Nature and Outcome

Edmund A. Sherman
Michael H. Phillips
Barbara L. Haring
Ann W. Shyne

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Report of a study funded by Child Welfare Research and Demonstration Grant PR-500 from the Community Services Administration of the United States Department of Health, Education and Welfare.

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Research Center

Child Welfare League of America, Inc.

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Child Care Service of Delaware County, Media, Pennsylvania

Division of Children's Services, Monroe County Department of Social Services, Rochester, New York

Division of Family and Child Social Services, Westchester County Department of Social Services, White Plains, New York

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Chapter I

INTRODUCTION

Background and Rationale of the Study

This is the second report on a research project begun in 1969 by the Research Center of the Child Welfare League of America. The purpose of the research was twofold: 1) To identify and examine the factors that determine the decision either to place a child in substitute care or instead to attempt to meet his needs by providing services to him and his family in his own home, and 2) to examine in detail the nature, content and outcome of own home service. The findings from the first part of this research, the examination of factors leading to placement decisions, were reported in 1971.[1]

This report deals with the own home services part of the project, though data and observations from the earlier report are drawn upon for comparative purposes. In 1967, the latest year for which data were available when the research was planned, a total of 297,800 children were reported as receiving service from child welfare agencies while living in the homes of one or both parents--248,000 served by public agencies and 49,800 by voluntary agencies.[2] These children composed over a third of all children receiving child welfare services. In 1969 well over a third of the children receiving child welfare services were served in their

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1. Michael H. Phillips et al., Factors Associated With Placement Decisions in Child Welfare (New York: Child Welfare League of America, 1971).

2. Child Welfare Statistics: 1967 (Washington, D.C.: U.S. Government Printing Office, 1968).

parental homes rather than in some substitute setting.[3] Despite the fact that such a large proportion of the children served by child welfare agencies received own home service, little is known about them and their families, the makeup of the services they receive, or the outcome of those services.

The most comprehensive study of child welfare services was that conducted by Jeter in 1961 of children known to public and voluntary child welfare agencies.[4] Jeter found in that year that 37% of the children receiving public child welfare services and 25% of those served by voluntary agencies were living in the homes of one or both parents. The report includes information on the demographic characteristics of the children, the nature of the problem prompting service, and the type of service provided according to program categories (e.g., protective services, homemaker service). The Jeter report provided useful background material for the planning of the current project, particularly on the scope and incidence of own home service in public and voluntary agencies. Some of the Jeter data were updated for our purposes by a census of requests for services in the member agencies of the Child Welfare League of America.[5] This census was undertaken for the purposes of surveying and reporting member agency service requests and of enabling us to determine which member agencies would have caseloads sufficient in scope and representativeness to be included in our sample of agencies for this

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3. Child Welfare Statistics: 1969 (Washington, D.C.: U.S. Government Printing Office, 1970).

4. Helen R. Jeter, Children, Problems and Services in Child Welfare Programs, Children's Bureau Publication No. 403 (Washington, D.C.: U.S. Government Printing Office, 1963).

5. Lucille Grow and Ann W. Shyne, Requests for Child Welfare Services: A Five-Day Census (New York: Child Welfare League of America, 1969).

study. The four agencies that served as settings for this study were selected on the basis of the census data.

Although the Jeter and census data provided useful background information on the volume of requests, the demographic characteristics of the children and families, and the numbers in various program categories, they did not provide information about the actual substance of the own home services, about the outcomes of that service, or about the clients' perceptions of the nature and effectiveness of the service. The current study was intended to provide this latter information.

The Makeup of Own Home Service

The use of own home service by child welfare practitioners presumes knowledge of what that service comprises and what it is likely to accomplish. Yet, as was stressed in a 1968 Workshop on Child Welfare Research held under the auspices of the University of Chicago, the objectives of the service are often unclear and the content of service--the transactions between worker and client--has received minimal research attention. What does the worker do in helping parents to understand the needs of the child, to modify their child-rearing practices, to obtain relief from environmental pressures, to gain access to community resources, and the like? Young's study of social work in cases of child neglect and abuse was one of the few attempts to identify promising practices in work with severe parental dysfunction.[6] What is further needed is a systematic appraisal of the extent to which such promising practices are actually used in agencies, and their relative effectiveness.

One difficulty in delineating service in own home lies in the multiple meaning of the term "service." Service can be and is often described as the helping activities of the workers in transaction with the children and families. Then again, services can be seen as programs such as day care, or as resources designed to

6. Leontine Young, Wednesday's Children (New York: McGraw-Hill, 1964).

support the family's child-rearing efforts (e.g., financial assistance, homemaker help). Given these multiple meanings of service, it may be helpful to view own home service within the total spectrum of child welfare service.

Kadushin noted that child welfare services can be categorized as supportive, supplemental or substitutive.[7] Supportive services are those designed to use the family's own strength to reduce the strain in the parent-child relationship system that might otherwise lead to family breakdown, harm to the child, and consequent placement. Kadushin uses casework services provided by family agencies and protective services offered by child welfare agencies in case of neglect and abuse as examples of supportive services. He describes supplementary services as the second line of defense when the efforts of the parents have to be supplemented in order for the parent-child system to be maintained. Thus, programs such as day care and homemaker service and resources such as public assistance and the social insurances can function as supplementary services. Substitute services are seen as the third line of defense for situations that are too damaging for the child to be maintained in the parental home. Substitute care such as a foster family home or an institution has to be obtained for the child.

Services to children in their own homes, which have been described by Reynolds and Johnson as providing the cornerstone for the prevention of family breakdown through the strengthening of family life, clearly belong in the supportive category outlined by Kadushin.[8] The Child Welfare League of America distinguishes between social work service to children in their own homes and protective service, which also falls in the supportive category. The former is intended for parents who recognize the need for help and choose to use the service even though the children

7. Alfred Kadushin, Child Welfare Services (New York: McMillan, 1967), p. 23.

8. Ruth Reynolds and Betty Johnson, "Services to Children in Their Own Homes," Child Welfare, XLIII, No. 6 (June 1964), pp. 280-285.

are not considered to be neglected or abused.[9] Thus it can be seen as a "preventive" service, similar to casework treatment by a family agency, but provided instead by child welfare agency workers. Protective service is offered when parents are neither meeting their parental responsibilities nor seeking help in doing so. It is usually distinguished from "preventive" service, but it too can serve to prevent further family breakdown and placement of the child.

It is clear, however, that a supplementary service such as homemaker service can also serve a preventive function. For example, it can be used effectively in conjunction with casework counseling to assist an overburdened mother to maintain her children at home during a crisis. Homemaker service and day care are frequently provided in conjunction with supportive services, both preventive and protective. It can be seen that the categories of service previously cited are not mutually exclusive, as Kadushin himself points out. Since this is the case, and since one purpose of this study was to survey the full range of services provided to children in their own homes, we did not restrict our definition of own home service to the purely supportive, nonprotective concept contained in the Child Welfare League's Preliminary Statement.

The basic consideration in defining the own home service category for the purposes of this study was to include all children who might be in jeopardy of placement and who were receiving child welfare services other than placement. Consequently, almost any type of nonplacement service fits into this category. As is indicated in the next chapter, cases receiving certain kinds of service, such as adoption cases or day care cases in the WIN program were not included in the sample. Although the WIN cases were excluded because they were clearly geared toward

9. Preliminary Statement on Social Work Service for Children in Their Own Homes (New York: Child Welfare League of America, 1968), p. 13.

employment of the mother rather than prevention of placement of the child, all other day care cases coming to intake were included in the sample. Thus, the range of services studied in the sample cases included day care, homemaker and protective, as well as the purely "preventive" service described in the CWLA Preliminary Statement.

Questions to Which the Study Is Addressed

The study is addressed to four basic questions:

1) Who are the children and families served in their own homes?
2) What does the service comprise?
3) How do the clients perceive the service?
4) What is the outcome of the service?

A whole series of questions is subsumed under each of these four. The first question seeks baseline data on the children and the parents as the families enter an agency's network of services, against which the impact of service can be assessed after it has been provided by the agencies. What are the demographic and social characteristics of the children and families who receive own home services, either because such service is the plan of choice or because appropriate placement facilities are not available? What is the nature and severity of inadequacy in parental and child functioning that require service? What are the contributing factors? What are the parents' perceptions of the children's needs and of their own functioning as parents? What family strengths and environmental circumstances are indicative of rehabilitative potential?

The second question deals with the amount and intensity of service provided to the children and families, and the service methods and programs used. How frequent are the contacts between workers and clients? Are there any differences between public and voluntary agencies in the amount and intensity of service? What is the extent of agency initiative in extending service? What are the predominant

service methods used by caseworkers in their work with the parents and children (e.g., advice, direction, tangible service, techniques to enhance self-understanding)? Are there differences in the methods of caseworkers in providing service, based on their training and experience? What are the service objectives, and how do they vary by client characteristics, presenting problems, and agency resources?

Under the third question dealing with client perception of service are subsumed questions such as: How helpful and effective do the clients think the service is? To what extent does the service given correspond with the service they requested? What service methods and approaches used by caseworkers do clients see as most helpful? What is the congruence or discrepancy between the clients' and the workers' perceptions of the problem, the means to deal with it, and the outcome of the service process?

The fourth question, dealing with outcome, can perhaps be answered best in terms of the extent to which the identified service objectives have been achieved, and variations in client and service associated with different outcomes. There are also other questions about or approaches to the outcome issue. To what extent has individual and family functioning of the parents and children been enhanced during the period of service? To what extent have their environmental circumstances been altered? What effect has service had on parental attitudes toward their children, child-rearing and family functioning? How do the answers to these questions relate to the characteristics of the children and families when they come to the agency, and to the nature and amount of service given?

Although this study does not have the type of design needed to test rigorously any hypotheses about these questions, we had some expectations about the answers to some of the questions. For example, in relation to the basic question about the characteristics of the children and families served by the study agencies,

we expected, from previous surveys of CWLA member agencies, to find some differences between the families served by voluntary agencies and those served by public agencies. We expected to find proportionally more black families in the public agency samples.[10] In line with this we also expected to find the public agency families to be more disadvantaged economically and to be receiving public assistance in greater numbers.

The second basic question, which has to do with what service comprises, had little previous empirical data related to it. There is some indication in the child welfare practice literature as to what kinds of service should be applied to what kinds of problems, but the extent to which these services were actually being applied in practice is not well documented. As far as the service methods or approaches of child welfare workers are concerned, there has been some speculation in the practice literature, but again, not much data. Kadushin, for example, has suggested that, because of the characteristics and expectations of the clientele of child welfare agencies, the appropriate approach to such clients is a more directive, advice-giving one than one oriented toward self-examination and insight.[11] We therefore had some expectation that directive techniques would be more generally used in our service sample than insight-oriented techniques. Also, in regard to casework methods we expected that the workers in the voluntary agencies would tend to use insight-oriented techniques more often than the public agency workers. This was in part based on the fact that more of the voluntary agency workers had graduate professional social work training, which stresses development of client insight as an important component of casework treatment.

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10. Child Welfare League of America, "Participation of Ethnic Minorities in Service Administration" (New York, Feb. 1969, mimeographed) and Grow and Shyne, op. cit., p. 11.

11. Kadushin, op. cit., p. 90.

In the area of client perception of service, we also had certain expectations. One was that parents in protective cases would be less likely to see a problem or the need for service than would parents in day care, homemaker or preventive cases. This was a natural expectation, given that protective services are generally initiated by a third party rather than the parents themselves, whereas the other services are more likely to be voluntarily requested by the parents.

As far as congruence or discrepancy between client and worker perceptions is concerned, we expected to find a greater congruence between workers and clients in non-protective cases. We also expected to find the workers and parents more congruent in identifying problems in the children, but more discrepant in identifying problems in the parents themselves. In short, the parents would be less likely than the workers to see a problem as emanating from their own attitudes and behavior than from their children's.

We had no firm expectations about what we would find in regard to the fourth basic question, dealing with the outcome of service. Outside of some obvious general hunches that cases receiving multiple services would tend to have more successful outcomes than those receiving single services, or that service objectives would be more readily attained in cases of less pathological disorganized families, we anticipated no specific findings. On the basis of the findings of the Chemung County study, we were chary about predicting more favorable outcomes in cases handled by professionally trained workers than by untrained.[12]

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12. Gordon E. Brown (ed.), The Multi-Problem Dilemma (Metuchen N.J.: Scarecrow Press, 1968).

Overall, then, it can be said that, although we had many questions about the content, outcome and client perception of services to children in their own homes, we had few firm expectations as to findings. To a large extent this study was exploratory in nature and intent. It is hoped that the empirical data derived from it provide some clear ideas for further research and practice demonstration of promising service patterns and methods.

Chapter II

THE STUDY SETTINGS AND METHODS OF DATA COLLECTION

The selection of agencies for this study involved several important considerations. First, they had to have a relatively high rate of intake so that we could accumulate a sample of sufficient size in a few months. Second, they had to be located reasonably close to the Research Center in New York City because of the need for frequent contact between the agencies and the center; the four agencies selected were all within about a 300-mile radius of New York. Finally, sectarian agencies were excluded because of the possibility that special characteristics of their caseloads would lessen the representativeness of the client sample.

The Study Settings

The census of requests for services in CWIA member agencies conducted in May 1969 indicated that each of the four agencies in this study had high rates of intake of children accepted for services in own home.[1] Three countywide public agencies participated: Child Care Service of Delaware County, Pennsylvania, and the Division of Children's Services of the Department of Social Services of Monroe County and of Westchester County, New York. The fourth participant was the Massachusetts Children's Protective Service, a statewide voluntary agency, which utilized three of its district offices for the conduct of this project.

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1. Grow and Shyne, op. cit.

The Child Care Service of Delaware County is at Media, Pennsylvania, in an area of rapidly growing population near Philadelphia. Between 1950 and 1960 the population grew by one-third. Delaware County, a suburban area, has within it the city of Chester, an industrial community with a large black population and a high rate of unemployment. The staff of 28 caseworkers (including 11 M.S.W.s), seven homemakers and three case aides give a wide range of services including protective and counseling services, 24-hour shelter care, day care service, foster home care, adoption, homemaker service and service for unmarried parents. Practice at Child Care Service of Delaware County is based on the belief that parents and children belong together, that separation of a family is so serious as to be unwarranted unless there is overwhelming evidence of harm for the child in remaining with his own parents.

The Division of Children's Services of the Department of Social Services of Monroe County serves Rochester, New York, and its environs. The agency has undergone a marked change in the scope and amount of its services during the decade from 1960 to 1970. This resulted in part from a realignment of the service network of the various child welfare agencies in Rochester. It was also a result of demographic changes in the city, most notably the sharp increase in the black population from about 8% to 17% of the total population, the greatest proportional increase of any large city in the United States in the same decade.[2]

In 1960 the agency's only sizable child welfare services were foster family care and adoption. At the time of this study, however, the agency's services also included family day care, protective service, homemaker service, service for unmarried parents, and preventive services. The preventive services closely

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2. Alexander L. Radomski, "From the 1970 Census, Cities With the Largest Negro Populations," Welfare in Review, 9, No. 4 (July-August 1971), pp. 22-24.

approximate the concept of services in own home outlined in the CWLA Preliminary Statement in that they are distinct from protective service and are intended for chronically crisis-ridden families, many of whom receive public assistance. The appropriateness of these preventive cases for a study of services in own home, together with the relatively high volume of intake generally, made this agency a desirable one for this study. The administration and staff were also interested in the study, as was demonstrated by their willingness to carry on with the research in the midst of a massive agency reorganization, begun in the fall of 1970, to integrate child welfare and public assistance services. Added to this was an increase during the reorganization period in the agency's public assistance rolls from 9500 to 16,000 recipients, which caused a diversion of casework service staff to eligibility determination.

The total direct-service casework staff in the agency during the period of this study consisted of approximately 100 caseworkers, of whom 27 participated by handling cases in the study sample and filling out the necessary forms. Eight of these 27 workers had master's degrees in social work.

The Westchester County Department of Social Services, Division of Family and Child Social Services, is in White Plains, the county seat. There are also branch offices in Yonkers and New Rochelle. Westchester County, adjacent to New York City, is popularly conceived of as an affluent suburban area. Although many of the Westchester communities are indeed affluent, a number of changes have occurred in the last decade. White Plains and Yonkers in particular have developed characteristic urban problems of blighted poverty areas and an economically deprived black population.

Consequently, the agency had a rather large children's caseload requiring a direct-service casework staff in the Child Social Services alone of 108 caseworkers and six social service assistants during the period of this study. Thirty-four of the caseworkers participated in the study; one had a master's degree in social work and an additional six had some graduate social work training. Like most public agencies, Westchester has found it necessary to put most of its professionally trained staff in supervisory positions, while the direct-service staff does not for the most part have professional social work training.

The agency provides a full range of children's services: service for unmarried parents, adoption, homemaker service, foster family care, protective services, preventive services and family day care. The agency had a rather large WIN program in which day care was used almost entirely to free the mothers for employment or training. As there was little or no emphasis on casework service in WIN cases, these were not included in the study sample. However, other day care cases were included here, as in the other public agencies, since they might involve the use of day care to supplement other services of the agency in supporting parents in their parental functioning.

The Massachusetts Children's Protective Service (formerly known as the Massachusetts Society for the Prevention of Cruelty to Children) is a statewide voluntary agency. This study included only the Boston, Quincy and Framingham offices, representing both urban and suburban locations. The population served in these offices is predominantly white, though efforts to reach out to the black community are made in the Boston office. Approximately 20 caseworkers, of whom three-quarters had M.S.W.s, are employed in these offices. In contrast to the public agencies in the study, the MCPS does not have within the agency a wide range of service resources. Day care, homemaker and foster care services are not available from the agency directly. The predominant service of the agency, which accepts about

one-third of its applications for service, is service to children in their own homes. The own home service cases include both protective cases and cases which, although not legally definable as abuse or neglect cases, present a need for counseling. The service practice perspective of the agency involves utilizing placement only after an attempt has been made to meet the needs of children through service in their own home. As a result, placement decisions are extremely unlikely early in treatment.

This agency was chosen for study because of the opportunity to study intensively the services given by a voluntary agency with a largely professionally trained staff providing predominantly services to children in their own homes. That the agency itself conducts ongoing research made it receptive to the needs of this project over the year of study.

The Data-Collection Process

The basic study group was defined as all requests for service related directly to the needs of a particular child or made because of family problems that affect the child directly, received between April and August 1970, on which at least one inperson interview was held. This basic group was systematically reduced at each phase of the data collection by a further delineation of the population under study.

Table 2.1 indicates the general plan of data collection. During the study period a caseworker might complete as many as five types of study forms on a case. These forms might be supplemented by independent research interviews with the parents.

Table 2.1

Plan of Data Collection

Cases Included	Cases Excluded	Source	Timing	Principal Data Collected
1. Requests for service	7 categorical exclusions	Caseworker--Form A--Application for Service	First inperson contact	Minimal descriptive information Plan for handling application
2. Requests continued beyond initial contact	Requests withdrawn, rejected, or referred and closed at first interview	Caseworker--Form B--Intake and Decision Schedule	At decision or not later than 1 month after first inperson contact	Detailed information on child, family, circumstances Decision on case
3. Cases served in own home by plan or by default beyond 1 month	Cases closed or in which all children are placed within 1 month of 1st inperson contact	Caseworker--Form C--Monthly Service Schedule	Monthly from 1st inperson contact for 1 year or until placed or case closed	Service contacts Content of service
		Caseworker--Form E--Outcome Schedule	1 year after 1st inperson contact or when placed or case closed	Attainment of service objectives
4. Cases served in own home by plan	Cases served in own home by default	Caseworker--Form D--Service Plan Schedule	1 month after decision unless worker has not yet had 3 inperson interviews	Level of family functioning Objectives of service Services planned
		Parent--Form F--Initial Parent Interview Schedule	After decision	Family situation Functioning and needs of child Perception of agency, worker, services
		Form G--Final Parent Interview Schedule	At case closing or 1 year after initial inperson contact	

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The Data-Collection Instruments

Application for Service

The first form was the Application for Service Schedule (Form A), which was developed to screen out those cases not appropriate for study, as well as to obtain a minimum amount of initial information on each case that was not excluded. Form A was modeled on a form previously used in the census of requests for child welfare services.[3]

Seven exclusions were developed to screen out cases in which some specialized service might be involved, while retaining those cases for which either service in own home or placement might be considered. The exclusions were:

1. Youngest child for whom service is requested is 14 years of age or older.
2. Request for postplacement service for child/children returning from foster home or institutional placement.
3. Request for service for expectant unwed mother or her unborn child.
4. Adoptive placement requested and planned.
5. Referral because of physical handicap or mental retardation of child.
6. Child/children do not ordinarily live with one or both natural or adoptive parents.
7. For public agencies only: Request routed directly at point of application to AFDC rather than being maintained in child welfare services.

If at least one child in the family for whom service had been requested was not excluded by any of the seven restrictions, the caseworker was to complete Form A, which included questions on children's ages, family status, type of service requested, referral source, reasons for request, and agency plan for handling the application.

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3. Grow and Shyne, op. cit.

Intake and Decision Schedule

On all cases not designated as exclusions on Form A and on those which the agency planned to give service beyond the initial inperson interview, the caseworker responsible for the case was to complete an Intake and Decision Schedule (Form B) at the point of decision, but not later than 1 month after the first inperson contact. The case decision was defined as the point at which one of the three following courses of action was selected:

1. Service would not be offered beyond referral elsewhere, after which the case would be closed.
2. Service would be undertaken with a view to maintaining the child in his own home.
3. Service would be undertaken with a view to placement of the child.

If even a "tentative decision" were not possible at the end of a month, the worker was instructed to complete the Intake and Decision Schedule at that point and to list the decision as an own home service decision. It was our view that continuance of a child in his family beyond a month clearly implied that a trial of own home service was being undertaken to find out whether the child could be maintained within his own home. Form B was designed to provide a foundation for analysis of the factors upon which decisions were made to maintain children in their own homes or seek placement, and also to give baseline data on the children and families to whom own home service was provided.

Form B collected data on the socioeconomic situation of the family, the presenting problem and the case decision, in addition to data on both the parents' and the children's characteristics. We believed that it would be of value to seek information on the workers' global impressions of the adequacy of family functioning, as well as information on discrete behavioral characteristics. Thus, lists of mother, father and child characteristics were developed for inclusion in

the schedule and workers were asked to indicate which of the characteristics were true of the individual. Workers were also asked to evaluate the mother's and the father's attitude toward the current problem, the worker and the agency. The characteristics of the children were by and large observable behaviors not subject to evaluation by the worker. On the other hand, the traits listed for the mother and father included not only discrete traits but items, such as "shows little concern for children," that were judgmental and depended upon the caseworker's perception and standards. We held that the way in which the caseworker perceived the family was a legitimate datum, even if his perception were distorted, because it was on the basis of that perception that the decisions were being made. A review of the particular characteristics studied and a copy of the schedule are available elsewhere, and are not reviewed here.[4] However, most of the behavioral characteristics items from Form B were recapitulated in Form E, the Outcome Schedule, which is provided in Appendix B, pages 143-156. Pages 8 through 13 in the Outcome Schedule contain these parent and child characteristics.

Monthly Service Schedule

In cases in which the decision was to give own home service, as well as cases in which, despite a placement decision, a child still remained at home 1 month after the decision, further information was to be provided by the caseworker. On a monthly basis until case closing or until a year after the first inperson interview, if earlier, the caseworker submitted a Monthly Service Schedule indicating the nature and content of services provided the family.

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4. Phillips et al., op. cit., pp. 91 ff.

The Monthly Service Schedule (Form C) was central to the purpose of the study in that it was designed to collect data on the actual service input in the cases under study. The form is contained in Appendix A at the end of this volume. The items on the first page deal with the numbers, dates, places and duration of inperson contacts between the workers and family members in the study cases. These data, tallied over the number of months in which cases were active, provide quantitative measures of direct service contacts.

The substance of these contacts--the subjects of discussion between worker and clients--are contained in pages 2 through 5. The format for categorizing subjects of discussion was not arbitrary. It was developed in line with the thinking of Kadushin, Geismar and others on the centrality of the role concept for assessing family, child, and parental functioning. Kadushin has defined child welfare services as "...those services required when parents are either incapable or unwilling, or both, of implementing the role requirements of parenthood or when the child is either incapable or unwilling, or both, of implementing the role requirement of a child."[5] Since one would expect the focus of service efforts to tend to be on those role requirements, we opted for a system of categories that would reflect relevant role functioning in the families under study.

Geismar and Ayres had previously developed a classification system for assessing role functioning in families that incorporated these basic concepts.[6] Consequently, we adapted and used most of the classification system developed by Geismar and Ayres. The subjects of discussion in Form C followed this system of classification. Thus, the worker checked off those items of role functioning that were the subjects

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5. Kadushin, op. cit., p. 10.

6. Ludwig L. Geismar and Beverly Ayres, Measuring Family Functioning (St. Paul, Minnesota: Family Centered Project, Greater St. Paul United Fund and Council, 1960).

dealt with in their interviews, items such as: mother's parental, marital, household and emotional functioning; father's employment functioning; child's school, emotional, and social functioning; overall family functioning in child care; family interaction; and family financial, housing and household functioning.

Form C also included a classification of casework activities adapted from Hollis's casework treatment categories.[7] The casework-activity categories defined on page 8 of Form C, include the casework methods of: exploration, structuring, support, directive techniques, reflective techniques, practical help, and nonverbal activity with the child. The workers checked as many of these methods as applied to any single interview and also indicated the one predominant for that interview. The intent, of course, was to tap information on the approaches and methods used by child welfare workers in providing services in own home.

In addition to these activities, the workers indicated the numbers of phone calls with family members and collateral contacts made during the month. Data on contacts made by case aides and volunteers were also included, as were items on discrete services provided during the month by the caseworker's own agency or another agency, such as day care, financial assistance, job placement, psychiatric service, etc. Finally, Form C contained items asking whether any significant family events had taken place during the month. These events included children leaving home, other changes in household composition, and whether the case was closed during the month. Thus, Form C enabled us to monitor the study cases with respect to changes in case circumstances and status, as well as service input.

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7. Florence Hollis, Casework: A Psychosocial Therapy (New York: Random House, 1964).

Service Plan Schedule

The data collection plan further called for caseworkers to submit a Service Plan Schedule (Form D) 1 month after decision. If the worker had not yet had three inperson interviews he could defer completion of the schedule until three interviews were held. The Service Plan Schedule was designed to provide a more complete picture of family functioning, objectives of service, and the services planned. It incorporated the same categories of individual and family functioning that were used for the subjects of discussion on Form C. The workers were also to indicate on the form whether the objectives of planned service were to "improve" or "sustain" (prevent regression) the level of functioning in each area. It was also intended that Form D would provide additional baseline data for comparison with functioning at the conclusion of service. However, many of the D Forms were not filled out by the workers until well after service was begun or even until it was almost finished, and a substantial number were never completed. Given this situation, the data collected on Form D could not be used to find out service plans or to provide baseline data.

Outcome Schedule

The final casework data form used in the study was the Outcome Schedule (Form E) to be completed at case closing or after 1 year of service (see Appendix B). It incorporated the categories of functioning used in the C and D Forms and required the worker to check off the level of functioning ("adequate," "somewhat inadequate," and "grossly inadequate") in each area at the time of case closing or the end of the project year. The workers also indicated whether functioning in each area was "improved," showed "no change," or was "worse" as compared with intake. Thus, we had the caseworker's post hoc evaluation of change on the E Form. In addition, the Outcome Schedule contained the behavioral characteristics of parents and children that were also included on the B Form as baseline data, so we were able to compare before-and-after ratings on these data.

Parent Interview Schedules

Independent research interviews with the parents were to be held in all cases on which an own home decision was made soon after the time of the decision and at case closing or at the end of a year, if earlier. The purpose was to get the parents' views about the family situation, the functioning and needs of the child, and the services needed and received. The first step in obtaining a research interview was getting the client's permission for contact by a CWLA research interviewer. In the first interview or as early as possible in the service contact, the caseworker was to inform the parents of the study and to give them a printed statement requesting their permission for a research interviewer to get in touch with them.

The interviews were arranged and conducted by part-time staff employed especially for this purpose. Their interviews were guided by detailed schedules.

The initial parent interview, Schedule F, collected information on the parents' perception of the family's functioning, as well as of the needs and functioning of the children. The caretaking parent was asked about her perception of the problem, about what services she would like from the agency and the agency's response to the service request. Among the data collected about the children were the parents' responses to a trait list containing the same items on the Intake and Decision Schedule. This and other material made possible a comparison of worker and client perception. Information on attitudes of parents concerning child rearing and discipline, their level of alienation, and their self-esteem was gathered. Some of the data thus give further background of the study family and some ··ve as baseline information for an analysis of changes.

With the exception of cases closed within a month of the initial research interview, caretaking adults were interviewed again at the time the case was closed or at the end of a year of service if the case was still open. The final interview, Schedule G, represented an attempt to find out from the parent what changes in the family had occurred during their contact with the agency. The status of the family at the end of the study period and their views about the agency were also included. As on Schedule E, which included the child traits previously found on Schedule B, Schedule G included the child traits previously found on F. Thus it was possible to compare the situation in the beginning and at the end both as reported by the parent to the research interviewer and as reported by the caseworker. Some of the attitude items found on F were repeated on G and parents responded to a series of items evaluating the agency and its service delivery. In neither interview was there difficulty in getting the respondents to answer the full range of questions covered in the questionnaire.

The Study Sample

To assure the complete collection of the relevant forms from the caseworkers and to supervise the research interviewers, professionally trained coordinators were employed in each locale. Despite the efforts of the coordinators and advance visits to each setting by the study directors, cases were collected more slowly than anticipated and complete coverage of all cases was not possible. During the 4-month intake phase a total of 513 applications were reported. This number somewhat understates the number of applications eligible for inclusion. At Rochester we were unable to get application forms on an unknown number of cases meeting the criteria of our sample because, as part of a job action, the workers in the protective unit refused to complete research schedules. Eventually, some workers from this unit agreed to complete a limited number of application and intake schedules. Of the 513 applications, detailed Intake and Decision Schedules were

expected on 311 cases. In each agency one or more Intake and Decision Schedules on eligible cases were not completed because of worker turnover. Often when a worker left an agency without completing the schedule the supervisor was unable to complete it on the basis of case records. Thus 290 Intake and Decision Schedules were submitted.

Table 2.2

Reduction of Study Sample

Agency	Intake and Decision Schedule Expected	Intake and Decision Schedule Received	Own Home Decision	Awaiting Placement	Outcome Schedule Received
MCPS	76	74	63	1	55
Media	53	52	40	8	31
Rochester	83	78	53	8	34
White Plains	99	86	64	9	67
Total	311	290	220	26	187

Service in own home was the decision reported on the Intake and Decision Schedules for 220 cases. For another 26 cases the decision was placement, but the children were still awaiting placement at the close of the intake phase. Outcome schedules were expected on these 246 cases, unless the case was closed or the children placed within a month of the initial inperson interview. For these and other reasons the number of cases on which Outcome Schedules were received was 187, and for three of these Monthly Service Schedules were not available.

More serious problems were encountered in attempts to obtain research interviews, with the result that both initial and followup interviews were held on only 98 of the 220 cases that received own home service decisions. In over half of the remaining cases, interviews were not obtained because the caseworker did not seek the client's permission for a research interviewer to contact the client, or the

client refused permission. (We were not able to get accurate information on the exact numbers in these two groupings, but believe caseworker reluctance to seek permission accounted for a considerably larger number than did client refusals.) In eight cases permission was obtained too late for an initial interview to be appropriate, and in 27 cases research interviews were not sought because service discontinued soon after the initial inperson interview. Finally, in 19 cases the parent could not be located or was not found at home after several attempts.

The proportion of eligible cases interviewed at both times ranged from 33% in White Plains to 57% in MCPS. Despite the higher proportion of completed interviews in the voluntary agency, these cases compose only a third of the interviewed sample.

Approaches and Limitations to the Data Analysis

Since the basic purpose of this study is largely descriptive in nature, much of the analysis involved straightforward compilation of single-variable distributions on the demographic and social characteristics of the families and children who received services in own home; the amounts, methods and focus of the services; the clients' perceptions of the kinds and helpfulness of services received; and the outcome of service as assessed by global caseworker and client ratings.

However, our plan for analyzing the outcome of service went further than the global assessments by clients and workers. It involved also the comparison of the baseline data obtained on the children and families at intake with data on the same variables obtained at the time of case closing or at the end of the project year. Thus, a before-and-after approach was to be made to assess the overall outcome of service for the children and families in the study. Rather than assume, however, that any significant changes over the course of service would actually be a result of that service, we also planned to look at the relationship between certain key factors known about the children and families at

intake, and the outcome variables. This would be done on the premise that certain preexisting situations or characteristics would predispose some families and children toward successful outcomes regardless of service input. Any such factors showing a significant relationship to outcome would then be taken into account by controlling for them statistically when analyzing the relation p between service variables and outcome variables, the next step in the analysis. If the analysis showed a statistically significant relationship between a service variable and the outcome variable, while controlling for any significant antecedent variables, we would feel considerably more secure in interpreting this finding to mean that service did indeed have an impact on outcome in that particular instance.

This plan of controlling for variables and the attempt to look at combinations of service variables in relation to outcome might suggest the use of the Pearsonian correlation coefficient and the multivariate techniques it allows for. Although we recognize the greater versatility of these more powerful parametric statistics, the measurement level of most of the central data in this study is below the interval level required for the use of such statistics. Many of the behavioral and social characteristics are reflected in dichotomous variables ("true--not true") or in crude ordinal ones ("adequate," "somewhat inadequate," "grossly inadequate," or "improved," "no change," "worse"), all of which suggested the use of nonparametric statistics. Consequently, we opted for the more pedestrian but appropriate Chi-Square, McNemar, and Binomial Tests. Our plan was to collect enough cases to allow for detailed breakdowns and extensive cross-tabulations of the data. As it turned out, the sample of 184 families and 429 children with matched intake, outcome, and service data was sufficiently large for three-way cross-tabulations on most of the variables of central concern.

Another point needs to be made about the nature of the data. The service variables, for example, do not measure the precise, step-by-step service input that goes on in practice. The multifarious activities going on in any one case are not reflected in this analysis. Therefore, the reader should not expect a microanalysis of the various discrete steps, factors and situations that lead to minutely detailed casework objectives. However, general propositions such as the assertion that directive methods are the most appropriate ones for child welfare cases or that insight-oriented casework methods are not appropriate for this population can be tested with the data available in this study. Thus, one can say that a particular casework method or a particular service modality is generally more successful in the sample at hand.

Another limitation that should be mentioned is the loss of cases through noncompletion of caseworker forms or client interviews. This has been commented on in the foregoing material, but it does raise the issue of how representative the remaining study cases are of the initial intake population. Yet, this should be viewed within the total selection process of the study. The four study agencies were selected as a purposive rather than a probability sample, after all. The thought was to select agencies that had a sufficiently large volume of intake and a range of services to permit the description and analysis of the activities within such a program. Thus, the interpretation of the findings must be viewed within the context of these limitations and the exclusions that were purposely decided upon.

Chapter III

CHARACTERISTICS OF THE CASES

The following description of the families and children who received service in their own homes is based upon data collected on the Intake and Decision Schedule that provided the basic data for the earlier Factors study,[1] and upon client responses to research interviews. Although many of the characteristics discussed in the Factors study are also presented here, the distribution of the items differs somewhat from the figures reported in Factors. This is largely because voluntary agency cases from the MCPS are included in this study group, but were not in the earlier one.

The MCPS program is geared primarily toward providing service in own home and, even though many of its cases fall in the protective category, the agency uses placement only after intensive effort to meet the needs of children through own home service. In only 8% of the MCPS cases included in the intake phase of this study was there a decision to place the child, as compared with 20% of the public agency cases. This intensive attempt to maintain children in their own homes in the voluntary agency cases raised the question of whether the agency's own home cases might be more like the placement cases than the nonplacement cases of the three public agencies included in this study. This did not prove to be true.

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1. Phillips et al., op. cit.

Although there were some differences between the voluntary and the public non-placement cases on certain demographic variables, on the whole the voluntary agency cases receiving service in own home were more like the public agency cases receiving that service than those receiving placement service. The purpose of this comparison was not to determine whether voluntary agency cases "belonged" in the own-home-service sample, for we knew from the conception of this study that inclusion of a voluntary agency was a "must" if we were to be at all descriptive of services to children in their own homes as far as the general child welfare field is concerned. In fact, some of the differences between the voluntary and the public agency client population make for a greater range in sample client variables that can be examined in relation to variations in service and outcome.

The comparison was made, rather, to discover any differences in characteristics by agency setting that might be related to differences in types, quantities, and outcome of service. Some differences did show up. For example, the three public agencies in this study have their own day care programs, which the voluntary agency does not. Thus, certain kinds of families that have characteristics associated with day care (e.g., employment of mothers) are likely to be found in the public agency and not in the voluntary agency sample. That they are day care cases also affects the nature and outcome of the casework service they receive. With these considerations in mind, reference is made from time to time to differences in public and voluntary cases in the description of the families and children in this sample. It should be recognized, however, that these differences cannot be generalized to all public-voluntary agencies, since some voluntary agencies do have day care, for example.

Demographic and Social Characteristics

The 246 cases (families) that make up the service-in-own-home sample include 553 children who were identified as in need of service. These 246 families comprise

the 220 for whom the decision was own home service and 26 for whom a placement decision was made but the children were awaiting placement at the close of the intake phase. The four study agencies had the following numbers of cases included in the sample: MCPS 63, Media 48, Rochester 62, and White Plains 73. Thus, there was a total of 183 public agency cases and 63 private agency cases, with 431 and 122 children, respectively, identified as in need of service.

The family composition of the study cases, based upon the usual composition of the household, is given in Table 3.1.

Table 3.1

Family Composition of Study Cases

Number and Percentage

Family Composition	Number	Percent
Mother only	128	52
Both parents	94	38
Both parents and others	3	1
Father only	4	2
Mother and other relatives	12	5
Father and other relatives	2	1
Mother and nonrelatives	3	1
Total	246	100

Slightly over half of the cases were families headed by mothers only, while 39% had both parents present in the household. The voluntary agency had a somewhat higher proportion of two-parent households, 49%, in its group of study cases, as compared with 36% intact families in the public agency group. However, this difference was less marked than the difference between the own home cases from both types of agencies combined and the placement cases, in which only 23% of the children came from two-parent households.

The marital status of the mothers in this sample closely paralleled the figures given on family composition. Thirty-seven percent of the mothers were married

and living with their husbands. Fourteen percent were single and never married, 12% were divorced, and 33% were either legally separated or not living with their husbands.

Table 3.2

Age Distribution of Mothers

Number and Percentage

Age	Number	Percent
Under 18 years	2	1
18 - 20	18	7
21 - 24	44	18
25 - 34	86	35
35 - 44	38	16
45 and over	15	6
Not relevant, mother not in home	6	2
Unknown or not answered	37	15
Total	246	100

As can be seen from Table 3.2, the modal age group for these mothers was from 25 to 34 years. The mean age of the total group on whom we had this information was 30.1 years.

A further characteristic of the mother group was picked up during the research interview. One-fourth of the mothers interviewed reported that during their own childhood they had lived away from their parental home for more than 3 months. Of these 25 mothers four were placed because of conflicts with their parents, four because of parental separation, nine because of a parent's death or unwillingness to care for the child. Of the 25, 14 were placed with relatives and only six had been in foster homes, group homes or residential treatment centers. The age when first placed ranged from less a year to 15 or older, with the largest number of placements occurring at less than a year of age (five of the respondents) or between the ages of 12 and 15 (eight of the respondents).

Although the total number of children in the family ranged to a high of 11 in one case, the average (mean) number for this sample was 2.8. This does not appear high in terms of the general national population, for which the mean for families with children was 2.41 in 1967.[2] Most, but not all, of the children in these families were considered to be in need of service. Specifically, a mean of 2.3 children per family were identified as requiring agency services.

The sex breakdown on the children was 52% male and 48% female. Their mean age was 7.0 years, and their ages were distributed as shown in Table 3.3.

Table 3.3

Age Distribution of Children

Number and Percentage

Age	Number	Percent
Under 1 year	47	8
1 to 3 years	82	15
3 to 5	88	16
5 to 8	114	21
8 to 12	128	23
12 to 14	47	8
14 to 16	31	6
16 to 18	13	2
No answer	3	1
Total	553	100

The financial situation of the families is reflected by the fact that 47% were receiving public assistance. Although the voluntary agency group had fewer families getting public assistance, a substantial number of them (42%) were receiving such aid. Here again, the voluntary agency and the public own home cases were more alike than were the own home cases and the public agency placement cases, in which 71% of the families were public assistance recipients.

The disadvantaged economic circumstances of the cases are further illustrated in

2. Current Population Reports, Population Characteristics, Series P-20, No. 173 (Washington, D.C.: U.S. Bureau of the Census, June 1968), p. 3.

the fact that 44% of the families were evaluated by the caseworkers as having incomes inadequate to their needs. There were no appreciable differences between the public and private agency cases in this regard. Half the families had gross weekly incomes of less than $100.

The racial distribution of the families in the study is 64% white, 34% black and 2% other. Of the public agency cases 44% were black, but of the voluntary agency cases only 16% were black. These proportions are identical with those found for public and voluntary agencies in the 1969 survey of CWIA member agencies.[3]

Reason for Request

The families can be further described by the factors that led to the request for service. The worker's report of what precipitated the request showed that 22% of the cases represented incidents in which abuse or neglect were cited by reliable sources. Another 21% involved reports of suspected abuse, neglect or inadequate care, but the reliability of the reports and sources was uncertain. Another 7% of the cases were precipitated by the child's emotional problem, while 11% were precipitated by reported emotional or behavioral problems of the mother. Emotional problems of the father accounted for only 2% of the cases, the same percentage reported for "marital problem" as the precipitating factor. Seven percent of the requests were precipitated by inability of the parent to care for the child, generally due to illness and hospitalization. Finally, the largest number of cases, 28%, involved requests for day care because of employment of the caretaking parent.

Regarding the chronicity of the problems, 41% of the cases represented intensification of a long-standing difficulty. Another 35% represented chronic problems with little recent change, while the remaining 24% represented recent development of the precipitating problem. Although the majority of these cases appeared to have long-standing or chronic problems, fully 65% of them were not known to the

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3. Grow and Shyne, op. cit., p. 9.

agency before the request for service. Fourteen percent were known to the agency once before for the same problem, and 10% were known once before for a different problem. The remaining 11% were known to the agency more than once, on and off.

Clients' Views of Their Problems and of Agency Response

As indicated in Chapter 2, research interviews were obtained with only 98 (less than half) of the families in the study group. Before discussing their views, it is important to consider how representative the interviewed clients are of the larger group. The 98 cases in which research interviews were obtained were almost identical to the total study group of 246 families in household composition, age and race of mother, the number of children in need of service, the proportion of families with inadequate incomes, and the proportion known to the agency previously. On the other hand, somewhat fewer of the interviewed families were receiving public assistance (42% vs. 47%) and significantly fewer presented chronic problems with little recent change (24% vs. 35%). Another difference lies in the fact that the precipitating factor was less often abuse or neglect (34% vs. 43%) and more often the need for day care because of employment (39% vs. 28%). Although not significant at the .05 level, these last two differences do mean a slight underrepresentation of protective cases in the interviewed sample and a slight overweighting of day care cases, who tended to be better functioning families and not resistant to agency intervention.

Of the 98 clients interviewed, only 13 reported at the time of the interview that they wanted no service from the agency, although for 31 families contact with the agency was not voluntary. About two-thirds of the respondents reported that they and the agency were in agreement about their service needs. In addition to the 13 clients desiring no agency service, those reporting disagreement with the agency included five who felt the agency was not going to provide service and seven who reported they were to receive counseling on their child's problem instead of the specific service wanted, such as day care.

The respondents reported needing service with respect to a multiplicity of problems, with more than three problem areas cited on the average. The frequency with which clients mentioned needing service in various problem areas is shown in Table 3.4.

Table 3.4

Percent of Respondents Wanting Agency Help, by Area

Problems with children	64
Day care problems	63
Financial problems	62
Housing problems	45
Problems re further schooling	36
Job problems	30
Marital problems	26
Other problems	15

The pervasive need for help with housing and finances is noteworthy. Even though these are not services provided directly by most child welfare agencies, many respondents were optimistic and reported that their problems were amenable to change. Slightly over half the respondents reported that all their problems were amenable to change, and only in the area of marital problems did as many as one-fourth of the respondents indicate that change was not possible.

Those interviewed were generally positive in their reported reactions to the caseworker and to the agency. Over 70% indicated that the workers understood their situations well, and most of the others found the worker "somewhat" understanding, with only 6% stating that the worker understood their situation "little" or "not at all." All but 12 respondents thought the agency services could be helpful. Three of the others said the agency lacked the appropriate services or resources to provide help, and the rest thought that attitudes of family members or other aspects of their situations precluded agency help. Indicative of the generally positive attitudes toward the agency was the spontaneous suggestion of 69% of the respondents that they would recommend the agency as a source of help to a friend

with a similar problem. Only 15% clearly excluded the agency in discussing where help might be sought.

Over half the clients interviewed had sought help with their problems from friends, relatives or neighbors before coming to the agency, and a fourth had previously sought help from another agency. These other contacts were seen as helpful in about half the cases, although in many instances the help merely represented referral to the study agency.

Clients' Attitudes Toward the World and Toward Themselves

The fact that one-fourth of the families reported not seeking help of any kind prior to contact with the agency may reflect a general isolation on the part of this client group. Forty percent of the clients reported "never" (32%) or "hardly ever" (8%) getting help from relatives, more often because their relatives were too ill or lived too far away than because of a poor relationship with their families. Over 40% reported that they "never" (18%) or "hardly ever" (24%) got help from friends or neighbors. In all, 17% of the families received little or no help from relatives, friends or neighbors. Further indicating the isolation of these families, 21% reported having no one with whom they were in contact whose friendship they valued highly, and only 29% had more than two such friends. Although 57% of the families interviewed reported membership in one or more groups such as PTAs, church groups, political clubs and unions, the other 43% reported no group affiliation.

In line with these signs of isolation, client responses to the Srole scale, which measures feelings of normlessness or alienation, reflected a generally negative outlook toward the world. Table 3.5 shows respondents' reactions on the five Srole items used.[4]

4. Leo Srole, "Social Integration and Certain Corollaries: An Exploratory Study," American Sociological Review, 21, No. 6 (Dec. 1956), pp. 709-716.

Table 3.5

Respondent Reactions on Srole Scale Items

Percentage Distribution*

	Strongly Disagree	Disagree Somewhat	Agree Somewhat	Strongly Agree	(N)
a. Nowadays a person has to live pretty much for today and let tomorrow take care of itself.	20	15	37	28	(97)
b. These days a person does not really know whom he can count on.	14	12	29	44	(97)
c. Most public officials are not really interested in the problems of the average man.	14	24	28	34	(95)
d. In spite of what people say, the lot of the average man is getting worse, not better.	10	18	38	34	(93)
e. It's hardly fair to bring children into the world, the way things look for the future.	25	23	15	37	(97)

*Throughout this report percentages may add to 99 or 101 because of rounding.

The perceptions of the respondents were generally positive, with from 52% to 73% disagreeing with the negative statements. The lowest proportion of disagreement was found on the statement: "It is hardly fair to bring children into the world, the way things look for the future."

To evaluate the clients' self-esteem, an adaptation of Berger's scale of acceptance of self[5] was used in the research interviews. This scale yielded a mixed picture. As may be seen in Table 3.6, on some items a positive self-appraisal is found and on others it is not sustained. The reader should note that the most positive

5. Emanuel Berger, "The Relation Between Expressed Acceptance of Self and Expressed Acceptance of Others," Journal of Abnormal and Social Psychology, XLVII (October 1952), pp. 778-782.

Table 3.6

Respondent Reaction on Self-Esteem Items

Percentage Distribution

	Most of the time	Sometimes	Rarely	Never	(N)
a. I feel that I'm a person of worth on an equal level with others. Does this describe you most of the time, sometimes, rarely, never?	61	33	2	4	(97)
b. I don't try to be friendly with people because I think they won't like me.	18	13	27	52	(97)
c. I don't feel very normal but I want to feel normal.	5	18	13	64	(97)
d. I feel confident that I can do something about the problems that may arise in the future.	68	26	6	0	(96)
e. I feel that people are likely to react differently to me than they would usually react to other people.	12	23	14	51	(97)
f. If I didn't always have such hard luck, I'd accomplish more than I have.	23	26	15	36	(96)
g. I sort of only half-believe in myself.	10	24	20	46	(97)
h. I'd like it if I could find someone who would tell me how to solve my personal problems.	24	40	5	31	(97)
i. I feel that I'm on the same level as other people and that helps to make for good relations with them.	71	20	5	4	(97)

response on items a, d and i is a "most of the time" response, while on items b, c, e, f, g and h it is a "never" response. The range of positive self-appraisal by items runs from 36% to 94%. Of interest is the strong affirmation by the respondents of their value as equal to that of other persons. Despite this, 35% of the respondents expressed some reservations about the degree to which others reacted differently toward them. Forty-nine percent indicated that they had been hampered by "bad luck." While 94% indicated confidence that they could do something about problems that might arise in the future, 64% indicated that they wanted help with their personal problems. Thus one gains a picture of respondents who have some motivation to use the help of others in solving their problems, coupled with a sense of confidence in themselves and their ability to effect change.

Clients' Child-Rearing Attitudes

Respondents were also asked about their child-rearing beliefs. Of particular interest was the extent to which these families expressed authoritarian or permissive attitudes. To explore this, a group of six paired items drawn from Loevinger's Authoritarian Family Ideology Cluster was presented to the respondents. Their responses are given in Table 3.7, along with norms established by Loevinger.[6] The permissive alternative is shown in parentheses.

As one may see, significantly more authoritarian attitudes were found in three pairs. A significantly higher proportion of the respondents (24%) reported that "there is something wrong with a child who hates his mother" than is normative within the general population (13%). Similarly a significantly higher proportion reported that "you can spoil a tiny baby by picking him up every time he cries" and that "children should not be fresh to their parents." Though the differences

6. Jane Loevinger, "Measuring Personality Patterns of Women," Genetic Psychology Monographs, LXV, No. 1 (January 1962), pp. 53-136.

were not significant, the proportion also was somewhat higher in the sample than in the normative group for the remaining items. The respondents tend to take an authoritarian attitude both with regard to what a child should be permitted to do and with the inner life of a child. These generally authoritarian attitudes are further reflected in the methods of discipline used by the parents. That material, as well as other data available from both the initial interview and the final interview is reported in a later chapter on the Outcome of Service.

Table 3.7

Proportion Endorsing Authoritarian Child-Rearing Attitudes

	Sample	Established Norms	Sig.*
No child should be allowed to hit his mother. (A mother should not be hard with a small child who strikes her.)	70%	62%	N.S.
(Most children have times when they hate their mothers.) There is something wrong with a child who hates his mother.	24	13	<.01
(It is fun to hear a 5-year-old tell big stories.) A 5-year-old should be taught not to tell big stories that aren't true.	73	71	N.S.
You can spoil a tiny baby by picking him up every time he cries. (You cannot spoil a tiny baby by picking him up every time he cries.)	83	72	<.05
(Children should be allowed to talk back to their parents.) Children should not be fresh to their parents.	87	75	<.05
A 3-year-old who wets his pants should be made to feel ashamed of himself. (There is no use making a 3-year-old child feel ashamed when he wets his pants.)	44	40	N.S.

*Significant difference of proportion test. Number of cases are 98 and 202 for current and normative samples.

Chapter IV

THE SERVICES PROVIDED

Classification of Services

The intent of this section is to indicate the kinds, amounts and focus of services provided to the children and families in the study sample. One of the problems in describing the kinds of services provided is that there are several ways of classifying services.

It will be recalled from the discussion in the introductory chapter that "service for children in their own homes" was more broadly conceived in this study than the description given in the CWLA Preliminary Statement. In addition to the supportive services (preventive and protective) we included supplementary services (day care and homemaker). Furthermore, even when the initial request was for substitute service (placement), we did not rule out of the own home sample the cases that received services in own home while awaiting placement, i.e., the "default" cases referred to in the description of data collection procedures.

Thus, instead of the three broad groupings of supportive, supplementary and substitute, the services provided the cases in the own home sample could be classified under the five basic program types of preventive, protective, day care, homemaker and foster care. This system of classification obviously does not identify all of the services that may be used in carrying out those agency functions. Services such as financial assistance and casework counseling, to mention

two of the most important, are not accounted for under this system, nor are other services of a more ancillary nature, such as medical care and job placement. Consequently, in addition to the five program types, we used a twofold classification of services as primary and ancillary. The primary services include: financial assistance, individual and family casework, group counseling, day care, homemaker and foster care. The ancillary services include: medical service, psychiatric service, vocational training, job placement, recreational services, and other services such as special school, remedial tutoring and legal services. The primary services are those that would be considered central to the operation of a social agency, particularly a children's agency, whereas the ancillary services tend to be backup or auxiliary services. The primary services are generally direct services in that they are provided by the study agency, whereas the ancillary services are more likely to be indirect in that the study agency refers the case to or arranges with another agency to provide the service.

Each of the classification systems mentioned is used in describing and analyzing the service data here. The cases in the sample were classified first by the service decision indicated on the Intake and Decision Schedule. Although we were interested primarily in whether the decision was placement as opposed to nonplacement, we were also interested in identifying the focal service if the decision was not placement. By studying the Intake and Decision Form, we could identify day care, homemaker, protective, preventive or placement as the basic service choice of the agency worker. This choice was usually the same as that of the referral source. Table 4.1 shows the distribution of the 246 families with 553 children who were not placed during the intake phase of the study. It can be seen that 26 "placement" cases are included because placement was the service decision, but the 57 children in these cases were being cared for in their own homes beyond the intake phase while awaiting placement.

Table 4.1

Number of Families and Children
by Type of Service Decided Upon at Intake

Service Decision	Number of Families	Percent	Number of Children	Percent
Day care	65	26	112	20
Homemaker	8	3	25	5
Preventive	64	26	162	29
Protective	83	34	197	36
Placement	26	11	57	10
Total	246	100	553	100

It should be noted that, although a decision was made at intake as to what type of service seemed indicated, this did not necessarily mean that that specific type of service was provided. The placement cases are a clear example of this. Although all of the 57 children in these cases were awaiting placement and receiving service in own home in lieu of this, 11 of these children were not placed during the year the cases were followed. The same situation is true of day care decisions, in which 23% of the cases earmarked for that service did not receive it. This does not mean that these cases received no service--just not the type indicated in the service decision. Cases in which no service of any kind was provided were rare in this sample.

Use of the terms "case" and "child" requires some clarification to avoid confusion in interpreting the service data, since the child was used as the unit of count in the material that follows. As has been noted, "case" means family. Thus, there can be several children receiving a particular service within any one case. It is clear and correct to speak of individual children receiving the services of day care and placement directly and personally. It is less accurate, however, to speak of each child in a case receiving homemaker or casework services. The child is not always directly and personally involved with the homemaker or case-worker in the service process. In casework especially, the situation is more

commonly one of working with the parents or other caretakers to assist them in their family (parental) and individual functioning. Although the children are not worked with directly by the caseworker, it is assumed that they will benefit from any enhanced parental functioning accruing from casework.

Thus, it should be understood that when we speak of a certain number of children receiving casework service, it is generally service provided children via casework with the parents. Another clarification has to do with the number of children covered by this description of service. The data on the specific services provided were obtained on the caseworkers' Monthly Service Schedule, which for reasons stated earlier was not filled out on all 246 cases or 553 children identified as in need of service at intake. A loss of 62 cases with 124 children reduced to 184 families with 429 children the cases on which data are available for the three critical phases of the study--intake, service and outcome. These 429 children on whom there are intake, monthly service and outcome data are classified in Table 4.2 according to service decision.

Table 4.2

Number of Families and Children
With Complete Study Data, by Service Decision

Service Decision	Number of Families	Percent	Number of Children	Percent
Day care	56	30	102	24
Homemaker	5	3	21	5
Preventive	56	30	147	34
Protective	57	31	135	31
Placement	10	6	24	6
Total	184	100	429	100

A comparison of the figures for families and children in Table 4.1 with Table 4.2 shows that the largest losses in data were in the protective and placement categories. As explained earlier, this was due in large part to the closing of cases by plan within the first month after intake, the failure or refusal of workers to complete

forms in protective cases, and the placement of children soon after intake. The 184 cases and 429 children will be used throughout most of the data analysis because of the completeness of the data on them.

Primary and Ancillary Services

Looking first at the primary services, since these were generally provided directly by the study agencies, we find that the children in each category of service decision tended to receive more than one primary service. This is reflected in Table 4.3, which shows an average of 2.1 services per child. For the different decision categories, the average ranged from 1.9 services for protective cases to 2.4 for placement and homemaker decisions.

Table 4.3

Primary Services Received, by Type of Service Decision

Number and Percentage of Children

Primary Service	Type of Service Decision											
	Day care		Home-maker		Preven-tive		Protec-tive		Place-ment		Total	
	N	%	N	%	N	%	N	%	N	%	N	%
Casework counseling	(102)	99	(19)	90	(141)	96	(135)	100	(24)	100	(420)	98
Financial assistance	(49)	48	(11)	52	(94)	64	(75)	56	(15)	63	(244)	57
Day care	(75)	74	(--)	--	(29)	20	(6)	4	(6)	25	(116)	27
Homemaker service	(--)	--	(21)	100	(34)	23	(19)	14	(8)	33	(82)	19
Group counseling	(3)	3	(-)	--	(12)	8	(16)	12	(2)	8	(33)	8
Foster care	(--)	--	(--)	--	(19)	13	(4)	3	(2)	8	(25)	6
None	(1)	1	(--)	--	(6)	4	(--)	--	(--)	--	(7)	2
Total Unduplicated N	102		21		147		135		24		429	
Average No. of Services	2.2		2.4		2.2		1.9		2.4		2.1	

In the day care service decision category it can be seen that 75 of the 102 children initially designated for day care actually received day care. All of those 75 also received other services in addition to day care. Of the 27 children designated for day care who did not receive it, 12 received a combination of casework and financial assistance, 14 were in cases receiving casework counseling only, and one child received no service at all. Thus, 83 (81%) of the cases in the day care category received multiple services.

A total of 21 children were designated for homemaker services, and all 21 received such services. Two of these children received homemaker service only, and the other 19 received multiple services.

The same pattern of multiple service was evident in preventive cases. Of the 147 children in this service category 109 (74%) were in cases that received various combinations of multiple services. The remaining 38 children were in cases receiving casework counseling only (32), or no service at all (6). Another aspect of the preventive cases worthy of note is that 19 (13%) of the children in this category were placed in foster care. Since the primary purpose of this category is to prevent the need for placement arising from family breakdown, the figure of 13% gives some idea of the proportion of failure in this effort. Thus, just as there were some children receiving services in their own homes while awaiting placement who did not have to be placed, there were some receiving services to prevent placement who still had to be placed.

Interestingly, there were proportionally fewer children in the protective category than in the preventive category who were placed in foster care. On the other hand, the use of day care and homemaker service was greater in the preventive cases. A total of 63% of the protective cases received multiple services, while the remaining 37% received casework counseling only.

All 24 children in the sample who were designated for placement received multiple services. The number of these children who received foster care is understated in Table 4.3, since workers were not required to submit Monthly Service Schedules for these placement decision cases for the month in which the placement occurred. In fact, 13 of the children were placed, as indicated by the Outcome Schedules. The one primary service in which there was a noticeable difference between the 13 children who were actually placed and the 11 who were not was day care. Five of the children who did not have to be placed received day care, whereas only one of the 13 who had to be placed received day care. This suggests the possible value of day care in preventing the need for placement in certain situations.

Turning now to the ancillary services, it should be noted that most of these services were provided in conjunction with the primary services, but usually by another agency. The families of two-thirds of the children received one or more ancillary services.

There are a number of noteworthy differences in the frequencies of certain kinds of ancillary services provided in the various service decision categories. Medical service and psychiatric, the two most important numerically, are differentially distributed among the service decision categories.

The preventive, protective and placement cases received considerably more medical service than the day care and homemaker cases. Of the 147 preventive children, 86 (58%) received medical service, while 70 (52%) of the 135 protective children received medical service and 11 (46%) of the 24 placement children had such service. In contrast, only 10% of the day care children and 24% of the homemaker children received medical service.

Table 4.4

Ancillary Services Received, by Type of Service Decision

Number and Percentage of Children

Ancillary Service	Type of Service Decision											
	Day care		Home-maker		Preven-tive		Protec-tive		Place-ment		Total	
	N	%	N	%	N	%	N	%	N	%	N	%
Medical	(10)	10	(5)	24	(86)	58	(70)	52	(11)	46	(182)	42
Psychiatric	(7)	7	(6)	29	(75)	51	(35)	26	(17)	71	(140)	33
Vocational training	(5)	5	(6)	29	(17)	12	(18)	13	(--)	--	(46)	11
Job placement	(3)	3	(5)	24	(14)	10	(11)	8	(1)	4	(34)	8
Recreational	(6)	6	(11)	52	(29)	20	(43)	32	(3)	13	(92)	21
Other	(13)	13	(11)	52	(53)	36	(42)	31	(2)	8	(121)	28
None	(64)	63	(10)	48	(27)	18	(34)	25	(5)	21	(140)	33
Total Unduplicated N	102		21		147		135		24		429	

Psychiatric services were also most heavily used in the preventive and placement cases. Fifty-one percent of the preventive cases received psychiatric service and 71% of the 24 placement children received such service. Only 26% of the protective children received psychiatric service. The difference in proportions in preventive and protective cases suggests a selective factor in these two types of cases. In general, the families in the preventive cases are less likely to be receiving agency services against their will, in contrast to the parents in protective cases, who generally do not initiate the request and often do not want the service. Families in preventive cases are also probably more willing to accept psychiatric service than families in protective cases, many of whom do not see the need for interventive service of any kind.

The reason for the relatively high proportion of children in the placement decision category who received psychiatric service is not entirely clear. Although there were only 24 children in this decision category, for 17 of them to be in cases receiving psychiatric service is still noteworthy. This may be an indication of the greater pathology found among the placement decision cases than the non-placement decision cases noted in the Factors study.

Six of the 21 homemaker cases involved psychiatric service, about the same proportion as protective cases, and proportionally even fewer (7%) of the day care cases received such service. Generally speaking, the day care children received fewer ancillary services than children in any other service decision category. Sixty-three percent of the day care children received no ancillary services at all, as compared with 48% of the homemaker cases, 18% of the preventive, 25% of the protective, and 21% of the placement.

One further point should be made about this overall picture of the services. Reference is sometimes made in the literature on social services to the difference between "hard" and "soft" services. The "hard" services involve the provision of concrete resources or specific activities to aid the client. Financial assistance and medical care are among these services. The "soft" services include the counseling activities: individual and family casework, group and psychiatric counseling, and so forth. If we look again at the range of primary and ancillary services, it is clear that both types include "hard" and "soft" services, and that these children and their families usually received both types.

For the reader interested in the figures on the "hard" services, the following percentages extracted from the foregoing material on the matched sample summarize the picture:

Service	Percentage of children receiving
Financial assistance	57
Medical care	42
Day care	27
Homemaker	19
Vocational training	11
Job placement	8
Foster care	6

The other services, which have already been discussed and which fall mostly into the "soft" service category, are summarized as follows:

Service	Percentage of children receiving
Individual and family casework	98
Psychiatric service	33
Recreational services	21
Group counseling	8
Other (legal aid, remedial tutoring, etc.)	28

The 98% figure for casework stands out rather markedly in the list. It is, of course, to be expected that casework would be prominent in the service picture of agencies such as those in this study, regardless of whether one considers casework as a service itself or as a vehicle or method for the delivery of other services. What is perhaps more notable is the practically universal provision of casework in each service decision category: 99% in day care, 90% in homemaker, 96% in preventive, 100% in protective and 100% in those awaiting placement. We expected that almost all of the cases in the protective and preventive categories would receive casework services, since these two programs are supportive rather than substitute or supplementary. However, the almost total casework coverage of day care, homemaker and placement cases was somewhat of a surprise.

One qualification should be made about this apparent comprehensive casework coverage. The mere fact that almost every case in the sample received some casework attention says nothing about the actual amount or intensity of this attention over time. It would be possible, for example, for a caseworker to conduct one interview in a day care case in order to process the application for day care, and this would be counted as a casework contact as long as the worker filled out the Monthly Service Schedule giving the details of the contact. To tell something about the amount and intensity of the casework services provided by the study agency workers, it is necessary to go to the figures compiled from the Service Schedules completed during the project year.

Direct Casework Services

This section deals with the amount, intensity and content of the direct contacts between the agency caseworkers and their clients. There is also a quantitative description of the methods used by the caseworkers, together with a consideration of the differential use of methods based on the nature of the presenting problems in the study cases and on the professional backgrounds of the workers.

The descriptive material on services in the prior section was based on the numbers of children receiving those services. When one speaks of providing day care, medical or placement services, it makes sense to use the child specifically receiving that service as the basic unit of count. However, when we talk about casework as a direct service in its own right, it is more meaningful to use the family as the basic unit of count. Casework contacts involve direct work with the parents more often than with the children, so to use the child as the basic unit of count would lead to an undue inflation of casework service figures for large families. For this reason the following material describing casework services is based on the family or case as the basic unit of count.

The amount of casework service provided is determined in this analysis by the length of service in time and the number of contacts between workers and clients. During the 12-month period of study the cases in this sample received a mean of 8.5 months of service, with the total range of less than 1 to a full 12 months of service. The voluntary agency showed a longer mean period of service, 9.6 months, than the combined public agencies, 8.1. The individual public agencies showed means of 7.3, 8.3, and 8.4 months of service.

The mean number of inperson interviews with family members during the period of service was 13.1 for the cases from all agencies. The voluntary agency again showed a larger number, with a mean of 24.7 interviews, as opposed to a mean of 8.4 interviews for the public agency cases. Among the public agencies the mean number of interviews varied from 5.8 to 9.6. The voluntary agency showed so many more interviews not only because it generally provided service over a longer period, but because its workers held more interviews within any one month.

The interviews were held most frequently in the family home, where 66% took place, as compared with 16% in the agency office and 18% in some other place. The length of the interviews varied from a few minutes to over 2 hours, but the most frequent length was between 45 minutes and 1 hour.

The person interviewed with the greatest regularity was, of course, the mother. She was interviewed in 86% of the contacts. At least one child was interviewed in 39% of the contacts, and the father was interviewed in 18%. It should be noted that on their Service Schedules the workers reported family members as being interviewed whether they were seen individually or together. The frequency of joint interviews accounts for the fact that the percentages add to far more than 100.

Another aspect of the interviews that was checked was whether the caseworker or a family member initiated the contact. We wanted to know whether there were any differences, particularly in service outcome, between cases in which the clients usually requested the worker to see them and those in which the workers usually initiated the contacts. The question turned out to be nonviable, since in only 3% of the cases did the client initiate the contacts more frequently than the worker. In all the other cases the workers took the initiative most of the time. In almost half (48%) of the cases the worker initiated every contact with the family during the service period.

In addition to inperson contacts with clients, the workers reported on telephone contacts with the families. The average number of phone contacts with clients per month ranged from none to over 10. The largest number of cases fell in the category of from 1.5 to 2.0 telephone contacts per month. There were also telephone and inperson contacts with collateral parties or agencies, and on these most cases again had 1.5 to 2.0 per month. As might be expected, there was a tendency for cases with more inperson contacts also to have more telephone and collateral contacts.

The average (mean) number of inperson interviews for the cases from all the study agencies was 1.5 per month. The voluntary agency had an average of 2.6 per month, as compared with 1.1 for the combined public agency cases. One of the public agencies had an average of 0.8 interviews per month in its study cases, but this agency underwent a massive reorganization to integrate its child welfare and public assistance caseload during the study period, which probably cut down the intensity of service.

More than twice as many inperson contacts were made by the voluntary agency workers than the public agency workers (2.6 versus 1.1), but this comparison is qualified somewhat by the presence of day care cases in the public agency sample. Although casework was provided in the day care cases, it was not of the same intensity as in other kinds of cases. A mean number of 0.6 inperson interviews per month were held in day care cases. When the day care cases are deleted from the public agency sample, the mean number of such contacts is raised from 1.1 to 1.4 per month. Even with this adjustment, however, there were almost twice as many inperson contacts by the voluntary agency workers as by the public agency workers on a monthly average.

Another area of difference between the voluntary and public agencies was in the number of caseworkers assigned to the cases during the period of service. Over half (51%) of the public agency cases had more than one worker assigned during the service period, as compared with only 5% of the voluntary agency cases. For the total sample, 62% of the cases had one worker for the entire service period, 28% had two workers, 8% had three workers and 1% had four workers.

Focus of Casework Attention

Some sense of the focus of casework attention could be ascertained from the Monthly Service Schedules on which the workers checked all of the various areas of functioning that were discussed during the inperson interviews. The workers were also asked to identify the single most important subject area of discussion in each contact by circling the checkmark in that area, because any number of the 33 areas of functioning listed on the schedule could be checked as discussed. Indeed, an average of 11 areas per interview were checked by the workers. Considering the large number of areas that could be checked as topics of attention, there is a close similarity across the four agencies in the order of frequency with which certain areas were covered. As may be seen in Table 4.5, the area

that ranked first in frequency for all the agencies combined was mother's parental functioning (care and training of children). The second most frequent was the emotional care (warmth and affection, sense of belonging, etc.) provided the child by the family. The third most frequent was the mother's emotional functioning, while the fourth and fifth were the emotional functioning of the child and the parent-child relationships (specific conflicts, favoritism, etc.), respectively.

The order of importance of subject areas, also shown in Table 4.5, paralleled the order of absolute frequency to some degree, but there were some shifts and some differences between the public and voluntary agencies.

Table 4.5

Ranking of Areas of Functioning That Were Most Frequent and Most Important Subjects Discussed in Casework Interviews

Area	Most Frequent			Most Important		
	All Agencies	Public	Voluntary	All Agencies	Public	Voluntary
Mother's parental functioning	1	1	1	2	1	2
Emotional care of the child	2	2	4	5	5	5
Mother's emotional functioning	3	3.5	2	1	2	1
Child's emotional functioning	4	5	3	-	-	-
Parent-child relationships	5	3.5	-	-	-	-
Mother's physical functioning	-	-	-	3	4	3
Mother's use of formal resources	-	-	-	4	3	4
Child's family functioning	-	-	5	-	-	-

The mother's parental functioning was rated most important in all three public agencies, but second in the voluntary agency. In the latter, the most important area was the mother's emotional functioning, which was in turn ranked second in all three public agencies.

Areas ranked high in importance but not among the first five in frequency were use of formal resources (health, welfare, recreational, etc.) and mother's physical functioning. Their importance is probably indicative of their close relationship to the need for subsequent service action on the part of the workers. If a mother is physically ill, the integrity of the family is threatened, at least temporarily. If she is not already receiving medical care, it behooves the worker to see that she gets it. And, if she needs to be hospitalized, alternative child care arrangements have to be made. The importance of the use of formal resources such as health and welfare facilities and services is self-evident. Arrangements or referrals for such concrete services are clearly considered by the workers themselves to be among the most important of casework activities.

The area that ranked fifth in importance in the public and voluntary agencies combined was the emotional care of the child by the family. This area obviously overlaps somewhat with the mother's parental functioning, but it is broader in scope, including as it does the attention and affection provided the child by members of the family as a unit.

There was a correspondence between the focus of casework attention and the type of presenting problem at intake. This is, of course, what one would expect or at least hope for. Thus, when the precipitating problem concerned neglect or abuse, the areas of functioning identified as most important in the caseworker-client contacts were the mother's emotional functioning, her parental functioning, and the emotional care of the child, in that order of frequency. When the presenting problem was the mother's employment and need for day care services, the focal areas of attention were the mother's parental functioning first, then the source and adequacy of family income, and the mother's emotional functioning. When the presenting problem was the mother's emotional or behavioral problem, the predominant focus in the casework contacts was naturally the mother's emotional functioning.

Casework Service Techniques

We looked not only at the focus of the service contacts, but at the techniques or approaches used by the workers in these contacts. As mentioned in Chapter 2, the set of categories developed to identify casework techniques, which was adapted from Hollis's classification of casework treatment, included: exploration, structuring, support, directive techniques, reflective techniques, practical help, and nonverbal activity with the child. (See Appendix, Form C, page 8 for definitions.) The last category was developed with the thought that there might be some direct work with younger children by caseworkers. Among the older children, the other categories of course apply. Actually, nonverbal activity in any consistent or on-going manner occurred in less than 1% of the cases.

Again, as with the areas of discussion, the workers could check off as many of these techniques as applied to any one interview. More often than not the workers did use more than one technique per interview. They also had to identify the predominant single activity in any one interview, and it is this datum that is most meaningful in characterizing the overall casework approach in each contact. On the basis of this measure it was found that the predominant approach used by workers was support, the expression by the worker of emotional reassurance, understanding and encouragement of the client. Support was the predominant approach in 34% of all the inperson contacts, a figure almost twice as large as that for the next most frequent approach, the predominant use of directive techniques (18%). Table 4.6 gives the complete breakdown.

As indicated in Chapter 1, we had expected certain differences to show up between the public and voluntary agencies in the use of the various casework approaches, because of the much higher proportion of caseworkers with graduate social work training in the voluntary agency. This factor, together with more intensive work in the voluntary agency cases, led us to think that the more insight-oriented,

reflective techniques would be more heavily used. Actually, support was far and away most frequently the predominant approach in both types of agency. Reflective techniques were more frequently the predominant ones in the voluntary agency cases than in the public agency cases, but they ranked third, after support and directive techniques, in voluntary agency cases.

Table 4.6

Predominant Casework Technique Used in Inperson Contacts, Voluntary and Public Agencies

Casework Method	Percent of Contacts and Rank					
	All Agencies		Public		Voluntary	
	%	Rank	%	Rank	%	Rank
Exploration	15	3	23	2	9	5
Structuring	7	6	12	4	4	6
Support	34	1	28	1	40	1
Directive techniques	18	2	14	3	20	2
Reflective techniques	14	4	11	5.5	17	3
Practical help	10	5	11	5.5	10	4
Nonverbal activity with child	1	7	1	7	--	--
Total	100		100		100	

Exploration ranked second in the public agencies, but fifth in the voluntary agency. Since exploration is basically an information-gathering technique, it is perhaps understandable why it is so much more prominent in the public agency cases. This type of information-gathering activity tends to take place most commonly in the early stages of the casework process or when there are infrequent contacts, requiring the worker to bring herself up to date about changes in family circumstances. The shorter duration of service and less frequent contacts by

public agency workers, which were noted before, are findings quite consistent with the heavy use of exploration in the public agency cases.

The finding that directive techniques were rather heavily used is somewhat consistent with Kadushin's suggestion that the prescribed approach to the clients of child welfare agencies might be a more directive, advice-giving one than an insight-oriented one.[1] However, the use of supportive techniques is so much more prominent than either directive or reflective techniques as to suggest that this might be the crucial element in child welfare casework practice. Actually, the success of any technique in terms of service outcome is more important than the frequency of its use. This relationship is examined in some detail in the next chapter.

Our expectations regarding the differential use of certain techniques, based on the extent of graduate professional training of the caseworkers, was not borne out. It had been thought that the caseworkers with M.S.W.s would use reflective techniques as their predominant approach more often than workers with less professional training. This simply was not so, not even as a tendency, much less as a statistically significant difference. There was only one predominant approach that the M.S.W.s used with significantly more frequency than the other caseworkers, and that was support. Support was the predominant technique in over half the cases handled by M.S.W.s, as compared with only a third of the cases handled by non-M.S.W.s. This was, however, the only significant difference in the use of casework approaches by the two groups.

No significant relationship was found between the professional experience of the caseworkers and the casework techniques they used. There was a tendency for less experienced workers to make greater use of exploration as the predominant technique

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1. Kadushin, op. cit., p. 90.

than the more experienced workers, and there was a tendency for the more experienced workers to use support more heavily than the less experienced, but neither of these two tendencies was large enough to be statistically significant.

Overall, what emerged from the descriptive data on casework techniques or approach was the centrality of support as a technique for helping in these cases. The efficacy of this technique, or of any other particular approach, can be evaluated only in terms of the outcome of service for the children and families in the study.

Chapter V

THE OUTCOME OF SERVICE

We turn now to how the cases looked at the end of the study to get some sense of outcome. Later we look more specifically at how variations in service input relate to outcome. At this point we are interested in how the children, parents and families fared at the end of the service process.

For assessing outcome, there are several types of data, each of which is drawn upon in this analysis. Two types of data were provided by caseworkers in the Outcome Schedule, which they completed at the time of case closing or at the end of the study year. The first type was cast in the form used in the Monthly Service Schedule, namely, into areas of role functioning of parents, children and the family as a unit. The workers assessed each individual and family in terms of the change in each area of functioning from case opening to outcome. Change was classified into the three categories of: "Improved," "No Change," and "Worse."

The other type of caseworker data in the Outcome Schedule was cast in the form used in the Intake and Decision Schedule, namely, into the behavioral characteristics of the parents, children and family as a whole. Although the workers did not assess change on these items, a comparison of the ratings on these items at outcome with the initial Intake and Decision Schedule items provided a before-and-after measure of functioning that reflects changes.

A third type of data for assessing outcome came from the parent interviews conducted at the time of case opening and at closing or at the end of the research project. These data, too, provided before-and-after information on attitudes and functioning. Since the items on characteristics of the children in the Parent Interview Schedule are analogous to those in the caseworker's Outcome Schedule, direct comparison can be made on these child variables. The parent and family functioning items in the Parent Interview Schedule are not so numerous as the child items, nor are they identical to the parental and family items on the Outcome Schedule. There are, nevertheless, some parallel items from the Parent Interview Schedule, which are reported along with the caseworker Outcome Schedule data that follow.

Changes in Parent Functioning

The first set of data on changes in the functioning of the parents which relate to the mother, is reported in Table 5.1. The base N on the parent functioning data is the 184 families with matched intake, service and outcome data. However, this sample included a few motherless families, some cases on which information was missing on certain items, and a number of cases in which a specific item is not applicable. The latter situation is evident in Table 5.1 in the areas of marital functioning and employment functioning, where much smaller Ns are reported than in the other areas. This is, of course, because a large proportion of the mothers were not married, or were separated or divorced, and many were not considered employable because of their child care responsibilities for very young children.

One of the salient features of the distributions in the table is that in all areas of functioning but one over half to as many as three-quarters of the cases showed no change. This is explained in part by the fact that on all but one of 21 items, well over half the mothers were adequate in their functioning to begin with, i.e.,

at intake, so that change (improvement) was not looked for nor was it necessarily a casework objective.

Table 5.1

Changes in Mother's Functioning, by Areas of Functioning

Percentage Distribution

Area of Functioning	Changes in Functioning			
	Improved	No Change	Worse	(N)
Parental	42	54	4	(167)
Marital	26	65	9	(66)
Employment	20	75	5	(81)
Household	22	74	5	(153)
Physical	23	74	3	(141)
Emotional	45	44	11	(160)
Use of formal resources	39	59	2	(147)
Use of informal resources	25	71	3	(146)

Another salient feature is the markedly higher proportion of improved cases relative to those that got worse. It is possible that some inflation of positive change measures occurred when assessment of outcome was made directly by caseworkers on a single form. This possibility probably was decreased when data were collected separately at two different points in time on independent data collection instruments, frequently by different caseworkers, as was the case in the data on behavioral characteristics, which are reported later.

Even if such inflation took place, inspection of the "Improved" category shows considerable variation in the percentages reported among the different areas, and this variation is informative. The three areas showing the greatest percentage of improvement were emotional functioning, parental functioning, and use of formal

resources. It will be recalled from Chapter 4 that these areas were ranked as the most important areas of discussion in the service contacts by the agency caseworkers. Thus, there is a correspondence between the change data reported on the Outcome Schedule and the data on focus of service reported independently on the Monthly Service Schedules.

The distribution of percentages in the cases reported to have got worse reveals that the area of mother's emotional functioning showed the most negative change, 11%. Somewhat ironically, this was also the area with the most positive change, 45%, thus making it the only area in which no change was reported for less than half of the cases. Another area in this distribution worth mentioning is marital functioning, which had the second highest negative change, 9%.

The before-and-after reports of behavior characteristics of the mothers by the caseworkers provide some basis for contrast and comparison with the data presented in the table. To facilitate comparison, the before-and-after data were recast into the form of "Improved," "No Change," and "Worse" categories. Actually, the workers checked either true or not true with respect to certain negatively described behaviors. Thus, those behaviors described as true in the before period and not true in the after period were put into the "Improved" category because a negative behavior appeared to have been changed or eliminated during the study period. Conversely, those negative behaviors reported as not true before and true after were put in the "Worse" category. Under this system, of course, there are two "No Change" types: true before and after, and not true before and after. Table 5.2 gives the composite picture of the data as cast in this system.

Perhaps the most apparent feature of the data in Table 5.2 as compared with those in Table 5.1 is the much smaller percentages of cases falling into the "Improved" category. Approximately the same percentages of cases are reported as improved

Table 5.2

Changes in Mother's Behavior as Described by Worker
Before and After Service

Percentage Distribution

Description of Behavior	Changes in Mother's Behavior				
	Improved	No Change		Worse	
	True before; not true after	Not true before and after	True before and after	Not true before; true after	(N)
Shows little concern for children	6	86	3	5	(155)
Does not recognize individual needs and differences between children	12	71	7	10	(121)
Punishments of children are overly severe	3	82	8	7	(92)
*Does not set limits for children	18	63	14	5	(110)
Is erratic in handling children	17	34	43	6	(94)
Is not warm and affectionate with children	11	69	8	11	(134)
Places excessive responsibility on children	13	67	13	7	(109)
Is extremely lax in discipline	5	77	10	8	(98)
*Has difficulty holding a job	1	85	4	9	(96)
**Drinks excessively	8	81	10	1	(98)
Is sexually promiscuous	1	83	12	4	(77)
Habitually uses illegal drugs	1	97	1	1	(96)
Has temper outbursts	9	43	36	13	(70)
Acts impulsively	11	45	29	15	(91)
Exhibits grossly deviant social attitudes	4	90	3	3	(125)
Manages money poorly	7	67	14	12	(85)
Has unwarranted feelings of being picked on by community	9	77	5	9	(128)
*Is suspicious or distrustful	5	63	14	18	(134)
Appears withdrawn or depressed	18	54	16	12	(158)
Appears emotionally disturbed	11	59	18	12	(151)

*Significant difference at or beyond .05 level between before-and-after behavior based on McNemar Test for Significant Changes.

**Significant difference at or beyond .05 level between before-and-after behavior based on Binomial Test, used because of small expected frequencies.

and as worse. There are, of course, differences in the type of data and manner of classification presented in the two tables that might explain some of the differences in percentages. The data in Table 5.2 are more specific and discrete in nature than the broader areas of functioning of Table 5.1. Also, the classification of data in Table 5.2 is of an either/or nature, true or false. Thus, a mother could be less erratic in her handling of the children after service than before, but could still be erratic to some degree; despite the change, a worker would be loath to say that this behavior is "not true" of the mother after service.

Despite these qualifications, the data in Table 5.2 are consistent in presenting a less positive picture than the data in Table 5.1. Given this, there is a strong possibility that there was some inflation of positive change in the direct casework reports of change on the Outcome Schedule as represented in Table 5.1. This suggests that the two types of caseworker data should be examined in conjunction with each other in interpreting the findings. Although one type of data is more broadly conceived than the other, some of the specific behaviors reported in the before-and-after type caseworker data do fit into certain areas of functioning in the other type of data.

Even though the numbers of cases in the change categories of Table 5.2 are relatively small, it was possible to test for significant differences by applying the McNemar Test for Significant Changes, which is sensitive to small numerical values in related samples, or by applying the Binomial Test to even smaller values. Two behavioral items showed positive change in the mothers that was statistically significant: 1) "Does not set limits for children," and 2) "Drinks excessively." The first of these fits clearly into the broader area of mother's parental functioning. The excessive drinking, which applied to a small number of mothers, is conceptually less clear, but perhaps could be included under mother's emotional functioning. Another aspect of parental functioning that showed considerable

positive change, though not statistically significant, was "Is erratic in handling children." There is thus probably some substance to the findings of positive change in mother's parental functioning reported in Table 5.1, but probably not of the same magnitude.

Table 5.2 shows two statistically significant negative changes in mother's behavior: 1) "Has difficulty holding a job," and 2) "Is suspicious or distrustful." The first of these seems to contradict the data in Table 5.1 on functioning in employment and illustrates the possible inflation of gains in the direct case-worker reports mentioned earlier.

The "Is suspicious or distrustful" item appears to fit into the general area of emotional functioning. We had thought that this item might be more specifically related to the mother's attitude toward worker and/or agency, but of the mothers reported as suspicious or distrustful who were interviewed at the end of the study, 10 stated they liked the agency, two were neutral, and only one said she did not like the agency. However, 67% of these mothers were also described as "Appears emotionally disturbed," as compared with 30% for the total sample in the after period.

This suggests that this item does fall into the area of emotional functioning, and lends some substance to the relatively high percentage of mothers appearing as "Worse" in this area in Table 5.1. The negative change in this area is perhaps even greater than the 11% reported in Table 5.1, and the positive change reported there is probably less then the 45% indicated. One could not go so far, however, as to say that the negative changes in mother's emotional functioning outweighed the positive changes, because Table 5.2 shows about the same percentages of mothers in the "Worse" and "Improved" categories on "Appears emotionally disturbed" and more "Improved" than "Worse" on "Appears withdrawn or depressed." Thus, there

is a somewhat mixed picture in the area of mother's emotional functioning in the before and after periods.

One further comment can be made about the distributions in Table 5.2. In the "No Change" category there are generally high percentages of cases in which the negative behaviors described were not present in the mothers either before or after the service process. These figures tend to support the observation made earlier that high proportions of the mothers were adequate in their functioning to begin with. This is stressed to counteract the tendency to assume a generalized pathology in these mothers. There were, however, several areas in which substantial proportions of the mothers did show problems at one point or another in the study. Most notable of these is the item, "Is erratic in handling children," on which only 34% of the mothers showed no problem either before or after service. Similarly, "Has temper outbursts" and "Acts impulsively" applied to the behavior of a slight majority of the mothers at some point or other in the study.

Turning to the father's functioning, we see some of the same tendency in Table 5.3 for considerably higher percentages of "Improved" than "Worse" cases as was found for the mothers in Table 5.1. There are also the same consistently high percentages of cases in the "No Change" category. A majority of fathers showed no change in all areas of functioning. Due in large part to the many single-parent, mother-headed families in this sample, the numbers in this table are much smaller than in Table 5.1.

Table 5.3

Changes in Father's Functioning, by Areas of Functioning

Percentage Distribution

Area of Functioning	Changes in Functioning			
	Improved	No Change	Worse	(N)
Parental	39	59	2	(66)
Marital	25	69	5	(59)
Employment	20	74	6	(65)
Household	29	69	2	(59)
Physical	5	92	3	(61)
Emotional	36	58	6	(64)
Use of formal resources	34	64	2	(59)
Use of informal resources	23	72	5	(57)

Again, the areas of parental functioning, emotional functioning, and use of formal resources showed the most positive change in the fathers, as they did in the mothers. The percentages of negative change, on the other hand, were consistently low in all areas of functioning. There is reason to believe that there was some inflation of positive change figures on the father's functioning, as there probably was for the mothers. Table 5.4 tends to support this supposition.

As with the mothers, we see much smaller percentages of cases falling into the "Improved" categories when we look at the before-and-after behavioral items as compared with the direct caseworker assessments of change. On the two behavioral items in which there was statistically significant change, it was in the negative direction. Significantly more fathers appeared emotionally disturbed and drank excessively in the after period than the before period. Thus, for some fathers there is clear indication of deterioration in at least those two areas of functioning, whereas there are no areas of positive change. Other areas suggestive

Table 5.4

Changes in Father's Behavior as Described by Worker
Before and After Service

Percentage Distribution

Description of Behavior	Changes in Father's Behavior				
	Improved	No Change		Worse	
	True before; not true after	Not true before and after	True before and after	Not true before; true after	(N)
Shows little concern for children	2	89	4	6	(54)
Does not recognize individual needs and differences between children	8	66	16	11	(38)
Punishments of children are overly severe	17	56	22	6	(36)
Does not set limits for children	5	82	8	5	(39)
Is erratic in handling children	4	52	19	26	(27)
Is not warm and affectionate with children	10	71	3	16	(31)
Places excessive responsibility on children	9	65	12	15	(34)
Is extremely lax in discipline	--	84	11	5	(38)
Has difficulty holding a job	5	71	13	11	(56)
**Drinks excessively	--	64	19	17	(36)
Is sexually promiscuous	3	94	--	3	(33)
Habitually uses illegal drugs	--	92	3	5	(39)
Has temper outbursts	10	16	48	26	(31)
Acts impulsively	7	31	41	21	(29)
Exhibits grossly deviant social attitudes	4	87	2	7	(46)
Manages money poorly	3	62	16	19	(32)
Has unwarranted feelings of being picked on by community	8	79	10	3	(39)
Is suspicious or distrustful	5	62	20	13	(39)
Appears withdrawn or depressed	5	85	3	8	(39)
*Appears emotionally disturbed	4	47	27	22	(45)

*Significant difference at or beyond .05 level between before-and-after behavior based on McNemar Test for Significant Changes.

**Significant difference at or beyond .05 level between before-and-after behavior based on Binomial Test used because of small expected frequencies.

of deterioration, though not statistically significant, are: "Is erratic in handling children," "Has temper outbursts," "Acts impulsively" and "Manages money poorly." Several other items go in the same negative direction in a somewhat less marked degree. It is possible, of course, that the deterioration in behavior indicated in Table 5.4 is in part at least merely a reflection of greater knowledge of the fathers at the end of service. The combination of the absence of negative change in functioning (Table 5.3) and the greater frequency of reported negative behaviors (Table 5.4) is consonant with this explanation.

Despite these indications of deterioration in the fathers, there is little indication that their problems were at all central in the service picture. The father's behavior as either a cause of service intervention or as a focus of service was almost nil in this sample. In only four cases, about 2% of the 184 cases in this matched sample, was an emotional problem of the father seen as the precipitating factor in the need for service. Further, none of the father's areas of functioning was ranked anywhere near the top of the areas identified by the workers as most important in their direct service contacts with the families.

Changes in Child Functioning

Just as the father's behavior was not a large or salient factor in the need for service, so too the child's behavior was not commonly the precipitating factor for service intervention. In only 10 of the 184 cases (6%) was the child's emotional problem the precipitating factor. So it cannot be said that one of the major (most frequent) objectives of service was to bring about change in child functioning. Yet, it can be said that this was the primary objective as far as some children are concerned, and it can also be said that there was always concern about the possible adverse effects on child functioning of parental, familial and other environmental problems. So, at least the maintenance of an adequate level of child functioning was always an element in the child welfare services.

The caseworkers' direct report on changes in child functioning are given in Table 5.5.

Table 5.5

Changes in Child's Functioning by Areas of Functioning

Percentage Distribution

Area of Functioning	Changes in Functioning			
	Improved	No Change	Worse	(N)
Family	34	62	3	(348)
School	31	63	6	(243)
Physical	22	77	1	(341)
Emotional	34	60	7	(349)
Social	24	75	1	(287)

The distribution in the table is based on the child rather than the case (family) as the unit of count, as can be seen from the larger Ns than in the previous tables. However, these items did not apply to all 429 children in the sample. Here again we see that the "No Change" category is numerically the largest, and the "Improved" category is next largest, including considerably more cases than the "Worse" category. The areas in which the most positive change was reported were the child's emotional functioning and his family functioning, which includes his parent and sibling relationships. School functioning showed a positive change almost as great as each of the emotional and family areas. Before interpreting these findings as generally positive, it is well to look at the before-and-after caseworker ratings on the children's behavior as reported in Table 5.6, and in addition to consider the parents' before-and-after ratings in Table 5.7.

Three statistically significant changes occurred in child behavior, as reported in Table 5.6, and all were in a positive direction. The improvement in the child's acceptance of parental control appears to be consistent with the positive change

shown in the child's family functioning (relationship with parents) noted in Table 5.5. The decrease in children showing withdrawn behavior also appears to be consistent with Table 5.5 findings on positive change in emotional functioning. The decrease in slovenly behavior is more difficult to pidgeonhole in any particular area of functioning.

Generally speaking the changes shown in Table 5.6 are positive in direction, though not statistically significant, except for the three behaviors already mentioned. A somewhat more mixed pattern is shown in the parents' description of the child's behavior before and after service, as reported in Table 5.7. In comparing the parents' and the caseworkers' reports, it must be kept in mind that parents' reports were available on only the 260 children in the 98 families with whom before-and-after interviews were obtained.

Two statistically significant changes, both in a positive direction, occurred in the list of behaviors as reported by the parents. The reduction in number of children showing withdrawn behavior is in accord with the caseworker ratings of Table 5.6. However, the reduction in number of children who were bed-wetters reported by the parents is somewhat at odds with the figures on enuresis reported by the workers in Table 5.6, which show equal numbers of enuretic children before and after service. It is possible that the workers and clients are not reporting on the same children in all instances. Since the numbers involved are small, it is possible to get such a discrepancy. The parent's report is likely to be more valid, because of firsthand knowledge concerning the child's bed-wetting, but one should be cautious about viewing it as an indicator of positive change, since the passage of time and increased age of the children leads to a natural decrease in enuresis.

Table 5.6

Changes in Child's Behavior Traits as Described by Worker
Before and After Service

Percentage Distribution

Description of Behavior	Changes in Child's Behavior				
	Improved	No Change		Worse	
	True before; not true after	Not true before and after	True before and after	Not true before; true after	(N)
Has physical disability	2	90	3	4	(330)
Has frequent or chronic illness	4	90	1	5	(300)
Appears undernourished	5	92	1	2	(290)
Has learning difficulties in school	11	41	39	9	(143)
Has behavior problem at school	14	51	26	9	(137)
Is truant	12	72	8	8	(156)
*Does not accept parental control	22	49	19	10	(216)
Fights with siblings	20	39	24	17	(156)
Refuses to "help around the house"	17	60	12	11	(122)
Steals from parents	< 1	90	6	3	(143)
Runs away from home	1	93	4	2	(206)
Has few or no friends of own age	10	68	14	7	(146)
Is aggressive, gets in many fights	10	71	11	7	(174)
Has been or is on probation	4	93	2	< 1	(166)
Steals (other than from parents)	< 1	91	4	4	(141)
Destroys property, commits vandalism	2	88	4	6	(160)
Acts out sexually	2	95	< 1	2	(141)
*Is withdrawn	14	72	7	7	(237)
Has temper tantrums	21	50	16	14	(167)
Is fussy eater	9	82	4	5	(189)
Has speech difficulties	6	85	5	4	(219)
Is enuretic	6	85	2	6	(141)
Is chronic liar	6	86	3	5	(143)
Has sleeping difficulties	8	82	4	6	(146)
*Is slovenly	10	83	4	3	(205)

*Significant at or beyond .05 level, McNemar Test.

Table 5.7

Changes in Child's Behavior as Described by Parent
Before and After Service

Percentage Distribution

Description of Behavior	Changes in Child's Behavior: Improved — True before; not true after	No Change — Not true before and after	No Change — True before and after	Worse — Not true before; true after	(N)
Has physical disability	9	83	3	5	(257)
Has frequent or chronic illness	5	88	5	2	(260)
Has difficulties with schoolwork	10	68	14	9	(154)
Has behavior problem at school	8	80	6	6	(159)
Cuts classes, skips school	3	89	6	1	(152)
Is hard to handle, does not listen	12	66	12	10	(223)
Fights with siblings	15	59	7	19	(203)
Refuses to help around the house	9	80	3	9	(186)
Steals from parents	3	94	--	3	(197)
Runs away from home	< 1	97	2	< 1	(191)
Has few or no friends own age	11	78	6	5	(213)
Is aggressive, gets in many fights	5	82	5	8	(214)
Has been or is on probation	< 1	97	--	2	(148)
Steals (other than from parents)	< 1	95	< 1	4	(186)
Gets in trouble because of sexual behavior	1	98	< 1	< 1	(184)
Destroys property, commits vandalism	1	98	--	1	(186)
*Is withdrawn	7	87	3	2	(241)
Has temper tantrums	12	65	14	10	(243)
Is fussy eater	12	72	9	7	(254)
Has speech difficulties	4	87	4	4	(227)
*Wets bed	8	79	11	2	(214)
Lies all the time	7	84	5	4	(201)
Has nightmares, trouble sleeping	7	83	6	4	(246)
Is slovenly or messy	13	75	4	7	(209)

*Significant at or beyond .05 level, McNemar Test

The item in Table 5.7 describing the child as hard to handle (and "does not listen") is analogous to the item on acceptance of parental control from Table 5.6, which showed a statistically significant change for the better. The "hard to handle" item, although showing a slight numerical improvement, was far from statistically significant. The change in the item on slovenly behavior was again in a distinctly positive direction, but not statistically significant. Overall, the changes reported by the parents are not so consistently positive as those reported by the workers, though they are certainly not generally negative. If we look only at those changes in child behavior that are statistically significant, we can say they are positive, based either on worker report or parent report. Specifically, the reduction in the number of children exhibiting withdrawn behavior and the reduction in the number of children who do not accept parental control are probably the most noteworthy.

Changes in Family Functioning

Whereas the foregoing data dealt with changes in the individual functioning of the parents and children, the material in this section deals with the family as a unit, in terms of its functioning in the areas of child care, interaction and relationships, and in its household and economic management. Although it may appear that certain of these areas overlap with individual areas of functioning, particularly in child care, the assessment of these areas from a family unit perspective is not entirely redundant. It is possible, for example, to find a mother to be functioning relatively poorly in the parental areas, but there may be compensatory parenting by the spouse and/or older siblings. It is to provide this more rounded perspective that the data on families are presented in the following tables.

Table 5.8

Changes in Family Functioning, by Areas of Functioning

Percentage Distribution

Area of Functioning	Changes in Functioning			
	Improved	No Change	Worse	(N)
Physical care of children	27	71	2	(161)
Emotional care of children	39	57	4	(162)
Training methods	41	58	1	(151)
Parent-child relationships	35	62	3	(156)
Marital relationship	23	66	11	(62)
Sibling relationships	15	84	1	(116)
Relationships with other significant relatives	18	80	2	(118)
Family integration	25	70	5	(149)
Sources and adequacy of income	19	75	6	(159)
Money management	19	77	4	(132)
Adequacy and condition of housing	21	75	4	(150)
Housekeeping practices	21	77	2	(151)

In Table 5.8 we again see the relatively large percentages of cases showing improvement, as compared with those rated as worse at the end of the study. The possibility of inflation should again be noted in these direct assessments of change by the caseworkers. The areas showing the greatest positive change are training methods, emotional care and parent-child relationships. Each of these is, of course, directly concerned with children, unlike a number of the other areas listed under family functioning. It should also be recalled that these three areas were ranked high in frequency and importance in the direct service contacts reported on the Monthly Service Schedules.

Another feature of Table 5.8 that requires comment is the area of marital functioning, which in 11% of the cases showed negative change. Although this is not a high figure in absolute terms and twice as many showed improvement, 11% is somewhat larger than the percentages in the other areas of functioning, all of which have low figures in the "Worse" category. The other evidence on marital relationships is less negative. In the data on mothers' marital functioning in Table 5.1, 26% improved, while 9% got worse. Table 5.3 shows that 25% of the fathers' marital functioning improved, while only 5% got worse. Finally, the before-and-after parent interview data showed no statistically significant change in marital functioning, though there was a slight change in the "Improved" direction. Thus, it would probably be safer not to interpret the data in Table 5.8 as representing any remarkable deterioration in the area of marital functioning for these families.

The data in Table 5.9 deal with the parental care of children, not as a function of each individual parent, but from the family-unit perspective. For this reason these data are presented in this section on changes in family functioning.

In Table 5.9 there is a much closer correspondence between the direct assessments of change by the workers and their before-and-after ratings than in the previous tables on individual parent and child ratings. Thus, the findings on parental functioning from the family-unit perspective appear to be consistently in the direction of positive change.

Four areas of parental functioning showed statistically significant positive changes in the course of service: dress, sleeping arrangements, protection from abuse, and supervision and guidance. The latter two areas are, of course, broader and more generally meaningful than the former two. Although the changes in the remaining areas of parental functioning are not statistically significant, they are all positive. It is noteworthy that poor functioning in three of the four areas with

significant change were found to be strongly associated with placement decisions in the earlier Factors study, i.e., dress, protection, and supervision and guidance.[1] Also of interest is that, although poor functioning in these areas was associated with placement decisions at intake, a significant number of cases showed improvement in these areas without recourse to placement.

Table 5.9

Changes in Parental Care of Children as Described by Worker Before and After Service

Percentage Distribution

Area of Parental Care	Changes in Parental Care			
	Improved Somewhat or grossly inadequate before; adequate or somewhat inadequate after	No Change Adequate/inadequate before; adequate/inadequate after	Worse Adequate or somewhat inadequate before; somewhat or grossly inadequate after	(N)
*Dress (cleanliness and sufficiency)	18	75	7	(136)
Attention to medical needs	12	83	5	(130)
Feeding	12	83	5	(128)
*Sleep arrangements	27	64	9	(121)
*Protection	24	68	8	(130)
*Supervision and guidance	26	65	9	(134)
Warmth and affection	18	71	12	(137)
Concern re schooling	16	74	10	(100)
Concern re hygiene	8	85	7	(139)

*Significant difference at or beyond .05 level, McNemar Test.

1. Michael H. Phillips et al., op. cit., pp. 43-44.

There are no parallel before-and-after data from the parent interviews on these parental-functioning items. Asking parents questions directly analogous to those items would, of course, be threatening or at least anxiety-provoking, and the validity of the parents' responses would be highly questionable. However, since the data on parental functioning in Table 5.9 were obtained on independent forms at two different points in time, often from different caseworkers, there is reason to conclude that these data reflect positive changes in parental functioning.

In addition to the various aspects of family functioning and parental care, one further before-and-after item deals with the family as a unit, i.e., the worker's assessment of the emotional climate in the home at both points in time. This item too showed a statistically significant change in a positive direction. The emotional climate improved in 36% of the families; there was no change in 50% of the families; and 14% of the families showed a worsened climate.

General Measures of Outcome

The foregoing material dealt with changes in specified areas of functioning or in particular types of behavior. Although some of the items, such as emotional climate in the home, are broad, no one of them could provide an overall measure that would serve as the major outcome or dependent variable. One such measure is the mean rating of changes in functioning. This is simply the arithmetic mean of the direct caseworker ratings of changes in all 33 areas of individual parent, child and family functioning. The mean was obtained by assigning values of 1, 2 and 3 to the "Improved," "No Change," and "Worse" ratings, respectively, summing up over all the areas of functioning and dividing by 33, or by the number of relevant categories. The resulting distribution of cases was as follows:

Table 5.10

Mean Rating of Changes in Functioning

Percentage and Frequency Distribution

Mean Change Rating	Percentage	N
1.00 - 1.50 (Improved)	16	29
1.51 - 1.75	26	48
1.76 - 2.00	44	80
2.01 - 2.25	8	15
2.26 - 3.00 (Worse)	1	2
Insufficient information	5	10
Total	100	184

The Table 5.10 distribution is clearly skewed toward the improved rating, though the bulk of cases are in the little or no-change groups. This is, of course, reflective of the tendencies shown in the areas of functioning reported in Tables 5.1, 5.3, 5.5 and 5.8, with considerably higher percentages of "Improved" than "Worse" areas. Since there is some concern about inflation of the "Improved" category, perhaps the most conservative way of categorizing the intervals in Table 5.10 is to label interval 1.00-1.50 "Improved" (16%), all intervals from 1.51 to 2.00 as "No Change" (70%), and intervals from 2.01 to 3.00 as "Worse" (9%).

Concern about the possible inflation of positive values is not the only problem with the use of the mean rating as an outcome measure. The averaging of all 33 areas of functioning equally is also a problem, as we would expect certain areas, such as parental functioning of mother, to carry more weight than others, such as household functioning of the father. Also, there is less chance for certain cases to show positive change than other cases, on a strictly arithmetic basis. Cases rated as adequate in various areas of functioning in the beginning could not show as much change in a positive direction as those rated grossly inadequate.

Frequently, the objective of service is to have a family or individual maintain an adequate level of functioning in a particular area rather than improve it. This was true for many of the day care cases in this sample in which the functioning in most areas was adequate at the time of intake. Since these cases would already be adequate in functioning, they would have less chance to show numerical changes in the positive direction at closing than more disturbed or disorganized families. Given lower change scores, these more adequate families would show a lower outcome rating, even though the objectives of service were attained to a great extent and the family and children were doing fine at outcome. For this reason, we used another outcome measure, based on the workers' ratings of the extent to which the objectives of service were attained in the study families.

Before consideration of this other measure of outcome, it should be noted that the mean rating of changes in functioning is descriptive in a summary sense of much of the foregoing data on individual and family functioning. For this reason it is useful from time to time in the analysis to use this measure and observe the effect of certain other variables on it. Thus, it is retained as a type of summary or global measure of change in further analysis, but its role is limited to a descriptive rather than an evaluative one.

The distribution of caseworkers' ratings of the extent to which service objectives were attained is given in Table 5.11.

Most noteworthy about the data in Table 5.11 is the more normal distribution of these caseworker ratings than had been the case in the ratings of changes in functioning, which were skewed in the positive direction. If anything, there is a somewhat negative tendency in the ratings on attainment of objectives with only 6% of the cases in the most positive category and 18% in the most negative. Even

if one dichotomizes the distribution between a "considerable" and a "limited" extent, there is a slight negative skewness, but it is basically a symmetrical and even distribution. The caseworkers thus were more conservative in rating the extent to which service objectives were attained than they were in assessing changes in individual and family functioning. This is further reason for using the objectives-attained rating as the outcome measure and primary dependent variable in the study.

Table 5.11

Caseworker Ratings of Extent to Which Service Objectives Were Attained

Percentage and Frequency Distribution

Caseworker Ratings	Percentage	N
A very great extent	6	12
A considerable extent	39	71
A limited extent	37	68
Not at all	18	33
Total	100	184

There was, of course, a strong association between the objectives-attained ratings and the mean ratings of change when they were cross-tabulated. The chi-square value was significant at the .001 level ($X^2 = 28.68$, df = 6). One would expect a significant relationship between these two variables, since the extent to which service objectives were attained should go up as change in functioning goes up. However, we would also not expect a near-perfect association between the two measures, given some of the limitations of the mean rating that have been described. The contingency coefficient of .38 reflects this.

In addition to its correspondence with the mean rating of changes, the objectives-attained measure was strongly associated with two items on which the parents

assessed outcome of service in the final interview. One item was a question asking the clients how helpful the agency had been. The responses were: "very helpful" (64%), "somewhat helpful" (23%), and "not helpful at all" (13%). When this item was cross-tabulated with the objectives variable in the cases where both the interview and caseworker data were available, the chi-square value was statistically significant at the .05 level ($X^2 = 7.67$, df = 2, N = 100).

The second item from the final parent interview schedule with which the objectives variable was strongly associated was a question that asked the client how things were at the end of the study as compared with when she/he first came to the agency. The responses were: "much better" (41%), "somewhat better" (27%), "about the same" (21%), and "worse" (11%). When these results were cross-tabulated with the objectives variable on cases with matching caseworker-client data, the chi-square was again significant at the .01 level ($X^2 = 9.75$, df = 1, N = 101). This client-report item dealing with the situation after service as compared with before (intake) is the most similar in nature of all the client data to the outcome variable based on the caseworkers' judgment as to the extent to which service objectives were attained. The client reports (N=98) tended to be more positive about the outcome of service than the caseworker reports (N=184). Of the clients 41% stated that things were "much better," as compared with only 6% of the clients for whom the caseworkers reported that service objectives had been attained to "a very great extent." Combining the two positive outcome categories in the client report (things are "much better" and "somewhat better"), a figure of 68% is obtained. This is, of course, the proverbial two-thirds-get-better figure that recurs in study after study. The two positive caseworker report categories (service objectives attained to "a very great extent," and to "a considerable extent") amounted to 45%. This falls considerably below the recurrent two-thirds figure and makes it a rather conservative measure of outcome.

It is of interest, and perhaps importance to compare the client-worker report differentials of this study with the Family Service Association of America's findings from its 1970 census, in which worker and client reports of outcome were compared.[2] Child welfare service to children in their own homes is, of course, analogous to family service casework, so that such a comparison is informative. The FSAA clients' evaluation of change was as follows: "much better" 31.3%, "somewhat better" 38.1%, "no change" 24.2%, and "worse" 6.4%. This distribution is close to that of the clients in this study: 39%, 27%, 26%, and 8%, respectively.

The caseworkers in the FSAA study reported on the same four-point scale, with the following results: "much better" 15.5%, "somewhat better" 53.5%, "no change" 27.3%, and "worse" 3.7%. The caseworkers in the present study did not use this four-point scale, but, as noted earlier, only 6% of the workers reported objectives attained in the most positive category. This means that they, like the FSAA workers, rated a much lower proportion of cases in the most positive change category than did their clients. However, the FSAA caseworkers rated over half of their cases as "somewhat better," for a total of 69% of their cases in the two positive change categories, as compared with 45% of the cases so rated by the child welfare workers in this study. Of course, the objectives-attained measure is not directly comparable to the FSAA change evaluation scale. The mean rating of changes in functioning from this study might be more comparable to the FSAA scale, and indeed 16% of the cases had a mean rating in the "improved" category, as compared with the FSAA 15.5% in the "much better" category. However, as a total of only 42% fell above the "no change" category on the mean rating of changes in functioning, it appears that the child welfare workers were less sanguine

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2. Dorothy F. Beck, and Mary Ann Jones, Family Agency Clients: Who Are They? What Do They Want? What Do They Get? (New York: Family Service Association of America, 1971), p. 26 (Chart No. 24).

about the changes in their clients than the family service workers were about theirs, although both sets of clients were equally positive in their evaluations of change.

At any rate, the foregoing analysis indicates that the caseworkers' assessment of the extent to which service objectives were attained is not inflated and does not have a positive bias. It is strongly associated statistically with analogous client assessments of change and should prove a workable, albeit conservative, outcome variable. Therefore, we use it as the dependent variable in the next chapter to see how circumstances and conditions of the families and children at the time of intake and the nature and extent of services given related to outcome of service. Before considering the relation of outcome to family characteristics at intake and services input, we present more detailed information on case outcome from the research interviews held in the 98 cases on which initial and follow-up interviews were conducted.

Clients' Reports on Outcome

This section explores in some detail the clients' perception of the situation at the end of the service period. Changes in the status of the family as reported by the mothers, changes in their perception of the children, and their perception of service delivery are reported. The data relate to the 98 families with whom initial and followup research interviews were held.[3]

Beginning with material aspects of the clients' situation, we find that in the final interview, although 18% of the respondents reported living in poor housing, most clients who had moved reported that they were then living in better housing

3. Although four interviews were with fathers or substitute parents, the overwhelming number were with mothers. For simplicity, the interview data are presented using the term "mother," since almost all respondents were mothers.

than at the time of the initial interview. In the area of employment, essentially no change had taken place, though the family income, including other sources of income such as welfare, had improved somewhat. The moderate improvement in these areas is similar to the moderate, but not significant, positive improvement reported by parents in regard to their children's behavior, as reported earlier. It contrasts, however, with the much greater improvement indicated in clients' generalized statements about their current situation as already reported ("much better" 41%). A more detailed analysis of the clients' perception of outcome therefore is appropriate. The reader is reminded that, in this discussion, voluntary agency respondents are somewhat overrepresented, and they received somewhat more service than the study group as a whole. The correlation of the worker and client reports, however, lends credence to the material reported.

The respondents reported positive attitude changes in relation to their spouses and children. As shown in Table 5.12, although at the first interview 15% of the respondents who were living with their spouses indicated that they were "fairly happy" with their relationship, 31% gave this reply in the final interview. Similarly, in the initial interview 13% reported being "very unhappy," but in the final interview only 3% did so.

Table 5.12

Relationship With Spouse Reported at Initial and Final Interview

Percentage Distribution

Relationship	Initial Interview	Final Interview
Very happy	49	52
Fairly happy	15	31
So-so	20	11
Fairly unhappy	3	3
Very unhappy	13	3
(Number living with spouse)	(35)	(36)

Slight positive changes are also reflected in the respondents' feelings about being a parent, as shown in Table 5.13. Of interest is the generally high level of satisfaction about parenthood reported by the mothers in both the initial and the final interview. These generally positive reports were supported by a significant association with the interviewers' assessments of the respondents' relationships with their children.

Table 5.13

Feelings About Being a Parent Reported at Initial and Final Interview

Percentage Distribution

Satisfaction	Initial Interview	Final Interview
Very satisfying	58	63
Good outweighs bad	31	29
So-so	9	8
Bad outweighs good	1	0
Very unsatisfying	1	0

Information collected in both research interviews permits examination of changes in the perception and handling of children. These data provide a less direct measurement of change than the respondent's conscious reports on her feelings about parenthood. Included in the interview were seven of the 17 child characteristics used by Kohn in his study of preferred child traits.[4] The seven selected were those used by Jenkins and Norman in interviews with parents of children in placement.[5] Parents were asked to choose the three traits (from the following

4. Melvin L. Kohn, "Social Class and Parental Values," American Journal of Sociology, LXIV (January, 1959), pp. 337-351.

5. Shirley Jenkins and Elaine Norman, Filial Deprivation and Foster Care. (New York: Columbia University Press, 1972).

seven) they considered most important for a child to have (or be) at 10 years: (1) honest, (2) happy, (3) considerate, (4) dependable, (5) self-controlled, (6) obedient, (7) neat and clean.

That the order of presentation paralleled that of Jenkins and Norman made comparisons possible. As may be seen from Table 5.14, significant differences occurred between the placement parents' responses (Jenkins's study) and the current study only on being "considerate" and "neat and clean." Considerateness was rated higher by the own home service mother in the current study and neatness and cleanliness were rated lower. In both the Kohn study and the Jenkins study these items were strongly related to social class, with considerateness being indicative of middle-class status and high concern about neatness and cleanliness being associated with lower-class status. The differences between Jenkins's and our findings are consistent with the fact that our own home cases were somewhat less disadvantaged than our placement cases.[6]

Table 5.14

Percent Choosing Traits as One of Three Most Preferred in a 10-Year-Old Child

Trait	Jenkins Study	Own Home Study Initial Interview	Own Home Study Final Interview
Honest	70	69	78
Happy	57	66	68
*Considerate	25	38	37
Dependable	22	15	15
Self-controlled	29	26	19
Obedient	53	55	60
*Neat and clean	46	26	22
(Number of cases)	(297)	(98)	(98)

*Difference between the Jenkins study and Initial as well as Final Interview significant at .05 level.

6. Phillips et al., op cit.

During the period of service, there were a slight increase in the number of mothers preferring honesty and obedience and a slight decline in the number preferring self-control and cleanliness. It should be noted that these changes increased the "middle-classness" of the responses. Table 5.14 deals with the frequency with which traits were among the first three preferred. Shifts in rank among the first three preferences were random, with the exception of a significant shift between honesty and happiness as the primary preferred trait (McNemar test, $X^2 = 4.26$, Yates corrected, 1 df). Four times as many respondents (12) switched their primary choice from "happy" to "honest" as switched from "honest" to "happy." In the final interview 47% of all respondents reported honesty as their primary preferred trait.

The attitudes of mothers regarding handling of their children were also explored in both initial and final interviews. Marked positive shifts were not possible within this group because of the high level of positive statements prior to service. Table 5.15, already corrected for negative question wording, shows that on seven of the 10 items at least 90% of the respondents expressed positive views at the beginning of service, and on no item was the percentage less than 72. Shifts during treatment were fairly randomly distributed, with six items rising and four declining. The only significant shift was a rise from 87% disagreeing to 99% disagreeing with the statement, "It's up to the teacher and not the parent to see that a child does his homework." This is the only item that clearly indicates an increasing parental responsibility for their children's activities. It should also be noted that responses in the final interview on the importance of how a child is dressed, on making sure a child goes to school, and on knowing where a child is at all times were significantly correlated with parallel items in the worker's final evaluation (i.e., adequacy of child's dress, adequacy of concern regarding schooling, and adequacy of supervision and guidance). These

correlations reflect positively on the validity of the workers' statements. The correlation between the item on medical checkups and adequacy of medical supervision was almost significant, showing another strong parallel between worker and client assessment.

Table 5.15

Percent Expressing Positive Attitudes on Child Rearing*

	Initial Interview	Final Interview
**a. It's up to the teacher and not the parent to see that a child does his homework. (-)	87	99
b. It's not important how a child is dressed. (-)	84	91
c. Parents should know where a child is at all times. (+)	96	98
d. A child needs time alone with the mother every day. (+)	91	92
e. It doesn't matter whether a child goes to bed at a regular hour. (-)	91	90
f. A child needs at least 8 hours of sleep. (+)	99	96
g. Children don't need regular medical checkups so long as they are healthy. (-)	90	89
h. It doesn't matter whether a child gets his meals at regular times so long as he has enough to eat. (-)	72	76
i. Parents should make sure a child goes to school every day. (+)	99	98
j. It isn't up to the parents to teach a child right from wrong any more. (-)	96	100

*A "disagree" response to items a, b, e, g, h, and i is a positive statement about handling.

**Positive shift significant ($X^2 = 7.69$, df 1, $p < .01$)

From the first to the second research interview the parents reported use of an increased variety of disciplinary methods. In the second interview use of all types of discipline except corporal punishment had increased. Significantly more parents reported punishing their children by removal of a privilege or by use of financial penalties.

Table 5.16

Percent Reporting Use of Various Disciplinary Methods

Disciplinary Method	Initial Interview	Final Interview
Physical punishment, such as spanking	90	88
Just a good scolding	73	83
Confining to room or keeping home after school	67	70
*Taking away some privilege, such as being able to watch TV	66	79
*Financial penalty, such as reducing allowance or refusing money for other things	24	39
Giving extra work or chores around the house	14	19
Other	11	18

*Significant difference in proportion reporting use of this punishment in the final interview.

It is possible that some of these changes were the result of change in the age of the children. However, the cumulative data from the parents and from the workers indicate that positive changes in child-rearing attitudes and practices occurred within these families.

The positive changes reported do not mean that at the point of the final research interview the respondents did not have continuing problems. These are discussed in the next section.

Clients' Perception of the Caseworkers and the Service

In general the clients reported positively on their relationships with the caseworkers and on the helpfulness of the service. The interviewer read a list of "some of the things people have said about agency workers" and asked the respondent whether each described the client's experience with the workers at the study agency. The proportions saying "yes" to each of nine positive statements were as follows:

They were understanding and sympathetic	86%
They allowed me a chance to talk about the things on my mind	85
They advised me how to handle my problems	76
They told me where to go to get the things I needed	74
They helped me to think out my problems	68
They helped me get financial assistance	50
They helped me to understand why I do the things I do	50
They helped me get day care for the children	43
They helped me get homemaker service	13

Thus, a high proportion found the workers understanding and sympathetic, and helpful in giving the client a chance to talk about her concerns. A slightly smaller but substantial proportion had got advice on how to handle problems or on where to go for assistance. Help in thinking out problems and understanding behavior were commonly reported, despite the relatively infrequent use of "reflective techniques" reported by the workers. Help in getting the practical services of financial assistance, day care and homemaker service was less often mentioned.

The list also included five negative descriptions of workers:

They never understood my problem

It was nothing but talk

They didn't care about me or my problems

They talked too much and never listened to me

They made me do things I didn't want to do

Of the 98 respondents, no more than 15 agreed with any one of these statements. Although 13 respondents had initially reported that they did not want any agency service, in the final interview only six of these 13 agreed with any of the negative statements. Three of the six characterized the service as "nothing but talk."

The nature of the service received was explored in two sections of the followup interview. Early in the interview the respondent was asked if she had received help from any source with respect to the same list of problems that had been included in the initial interview, and if not, whether she had needed help in these areas. Toward the close of the interview a slightly different list of problems was used, and the client was asked whether the problem had been discussed, whether the discussion had been helpful, and whether she still had many, some or no difficulties in this area.

Table 5.17 repeats the data from Table 3.4 on the number of clients initially wanting help. It also shows the number reporting in the followup interview that they had needed help, and the proportion of the latter who received such help from the agency or elsewhere.

Table 5.17

Problems on Which Respondents Reported Wanting Help Initially and at Followup, and Receiving Help From Some Source

Type of Problem	Help Reported as Needed		Help Received			
	Initially	At followup	From agency	Other	Total	%
Problems with children	61	55	38	12	50	91
Day care problems	61	42	27	6	33	79
Financial problems	60	55	13	34	47	85
Housing problems	44	33	6	13	19	58
Problems re further schooling	34	15	3	10	13	87
Job problems	28	14	2	6	8	57
Marital problems	23	30	11	13	24	80
Other problems	14	15	4	9	13	87

Reports of areas in which help was needed were by no means identical for the initial and final interviews. Some respondents who had mentioned a problem initially did not refer to it in the followup interview, and others mentioned problems at followup not cited in the earlier interview. Of those indicating at followup that they had needed help, over half reported that they had received help from some source in the interim in each problem area, and in all areas except housing and job problems the proportions reporting receipt of help were 79% or larger. In the areas of "problems with children" and "day care" about two-thirds reported getting help from the study agency. A majority of those reporting help in other areas, such as financial, housing, job and marital problems, received it from other sources. Whether or not the reporting agency was perceived as having referred the respondent to the other source of service was not determined.

Table 5.18 reviews the number of clients reporting discussion of each of several problem areas, the proportion who found the discussion helpful, and the number who continued to have problems. It may be noted that financial difficulties were more often the subject of discussion than any other type of problem, and that at follow-up more clients still had financial than any other type of problem. Problems in handling of children were second in frequency as a subject of discussion. Discussion was usually perceived as helpful. Only with respect to problems with neighbors, reported as a subject of discussion in 15 cases, did less than two-thirds of the respondents find the discussion helpful.

Table 5.18

Helpfulness of Discussion of Problems

Problem Area	Number reporting discussion	Percent finding discussion helpful	Number with continuing problems
Financial	63	83%	44
Marriage	34	79	22
Handling of children	48	94	29
Children's schooling	29	90	25
Sibling fighting	15	73	25
Relatives	18	67	17
Neighbors	15	53	9
Job	11	82	6

In view of the somewhat different perception of help received and helpfulness of discussion of problems, it is of interest to explore the respondents' overall assessment of their experience with the agency. Table 5.19 shows their responses to the question of whether they got "most," "some" or "none" of what they wanted of the agency, and whether they would describe their experience with the agency as "very helpful," "somewhat helpful" or "not helpful at all." (Answers to both

questions were available for 93 clients.) The totals at the right show that 54 of the 93 (58%) got "most of what they wanted" and 26 (28%) "some of what they wanted." Only seven reported getting none of what they wanted, and the remaining six said they wanted nothing of the agency.

The totals at the foot of the table indicate that 60 (65%) of the clients found the service very helpful and another 22 (24%) found it somewhat helpful. The assessments of helpfulness were closely associated with the clients' reports of whether they received what they wanted of the agency. About half of the 11 families who felt that the agency was not at all helpful indicated that this was due to circumstances beyond the agency's control, such as lack of spouse cooperation or lack of help by an outside group. In summary, it appears that these respondents not only showed some positive change, but assessed both the worker and the agency in generally positive terms.

Table 5.19

Relation of Helpfulness to Service Received

Service Received	How Helpful			
	Very	Somewhat	Not at all	Total
Most of what they wanted	47	7	0	54
Some of what they wanted	11	14	1	26
None of what they wanted	1	0	6	7
Did not want service	1	1	4	6
Total	60	22	11	93

Chapter VI

FACTORS ASSOCIATED WITH OUTCOME OF SERVICE

Intake Factors and Outcome

The effect of certain factors and circumstances present in the study cases at the time of intake on the outcome and status of those cases at the end of the study process was examined for several reasons. One was to determine which preexisting factors were associated with successful outcomes and which with unsuccessful outcomes. Another reason was to provide information that allowed a more differentiated analysis of the impact of service. In other words, the analysis should permit us to say that certain outcomes are associated with specified service variables, given certain preexisting circumstances. It should tell us what antecedent variables we need to control for statistically in order to be able to say with some assurance that certain service inputs lead to a specific kind of outcome.

Perhaps the best way to begin the analysis of preexisting factors is to look at the problem or event that brought the family to the agency. It is possible that the prognosis in cases with certain kinds of precipitating problems is poorer than in others, and this should show up if we relate the appropriate intake data to the outcome measure. Table 6.1 shows the relationship between the precipitating problem and the extent to which the objectives of service were attained, the outcome variable.

Table 6.1

Precipitating Problem by Extent to Which Service Objectives Were Attained

Frequency Distribution

Precipitating Problem	Extent Objectives Attained: Very Great	Considerable	Limited	Not at all	Total
Abuse or neglect incident cited (reliable source)	2	16	13	5	36
Abuse or neglect suspected	2	13	17	4	36
Child's emotional or behavioral problem	1	2	5	2	10
Mother's emotional or behavioral problem	1	9	6	2	18
Father's emotional or behavioral problem	1	2	1	--	4
Marital problem	--	1	2	--	3
Inability to care for child	1	4	3	2	10
Day care/employment	4	22	14	16	56
Other	--	2	7	2	11
Total	12	71	68	33	184

$X^2 = 6.98$, df = 7, NS

It can be seen that there is not a statistically significant relationship between the precipitating problem and outcome. By combining the "Very Great" and "Considerable" categories into one positive outcome category versus the combined "Limited" and "Not at All" categories as the negative outcome (as was done in computing the chi-square value), we got distributions of positive and negative outcome cases that were roughly similar in each of the precipitating problem categories. Even when chi-square tests were run on the larger individual categories (day care cases versus all others, abuse cases versus all others,

and mother's emotional problem cases versus all others), there were no statistically significant differences among the problem categories.

In addition to its representation of the relationship between precipitating problem and outcome, Table 6.1 is of interest simply in terms of the distribution of cases within the various precipitating problem categories. It has already been noted that relatively few cases came into the study because of child behavioral problems (10 out of 184) or father's behavioral problems (4 out of 184). Marital problems was also a rare precipitating problem as far as service intervention was concerned. The need for day care was the single most frequent problem category, with 56 out of 184 cases, or 30%. However, with the addition of the 36 cited incidents of abuse or neglect to the 36 cases in which abuse or neglect was suspected, the resulting combined abuse/neglect category accounted for 39% of the cases and was the most frequent precipitating problem.

Given the various types of precipitating problems listed in Table 6.1, one would expect there to be a variation in service objectives--protection of the child from physical abuse in one case, providing child care for an employed mother in another case, and so forth. Yet we found no significant difference based on this variation in the extent to which service objectives were attained. Of course objectives are to a large extent determined by the type of precipitating problem, so that the worker adapts objectives to that need. Workers would probably tend to set less ambitious objectives for families that are struggling simply to maintain some modicum of functioning. Thus, inherent in the objectives-attained outcome measure may be an element of adjustment of goals to the potential for change, which probably explains in part the lack of statistically significant differences in the extent to which objectives were attained relative to precipitating problem.

This same inherent adjustment of goals to potential would not apply to the mean rating of changes in functioning. For this reason it is of interest to see whether the mean rating is affected by variation in precipitating problem. When these two variables were cross-tabulated, it was found that there was no statistically significant relationship between them. However, when the day care category only versus all other problem categories was cross-tabulated with the mean rating of changes, there was a statistically significant relationship. In the day care category 74% of the cases showed no change, as compared with 36% of all others. On the other hand, no day care cases were worse (showed negative change), as compared with 13% of all other problem categories. Conversely, only 12% of the day care group showed positive change, versus 51% of all others. In short, the day care category showed little change, either positive or negative, as compared with other problem categories. The lack of change in family functioning is not surprising in view of the generally adequate functioning of the day care families at intake.

When the service decision variable was analyzed in relation to the outcome variable of objectives attained, there again was no statistically significant relationship. There was of course, considerable similarity in the service decision categories as compared with the precipitating problem categories. The service decision for families in need of day care was generally to provide day care, just as the cases in which abuse or neglect was the presenting problem tended to be given protective service. Since there was no significant relation between precipitating problem and outcome, it was not surprising that there was no significant relation between service decision and outcome. Furthermore, there were no significant relationships between single service categories (including the day care category) versus all others and outcome.

A number of other variables that reflected factors and conditions at the time of intake were analyzed in relation to the outcome variable. Among these was the household composition at intake, which reflects the important element of family structure, particularly the intact versus the single-parent household. Somewhat surprisingly, there was no significant relationship between this variable and outcome. The two most important categories, both numerically and theoretically, among household composition categories were "mother only" and "both parents," and they were remarkably alike in their distributions on the outcome variable. Of the mother-only cases 44% fell in the combined positive outcome categories of service objectives attained to a "Very Great" and to a "Considerable" extent. The remaining 56% fell into the less positive categories of objectives attained to only a "Limited" extent and "Not at All." The cases in which both parents were in the household had 47% in the positive categories and 53% in the nonpositive. The difference of 3% is far from significant. It is of interest that there was also no significant relationship between household composition and the mean rating of changes in functioning. Here again, the mother-only and intact households were similar in their distribution along the continuum of change ratings.

Other variables that showed no relation to outcome were marital status of mother (which was not surprising given the situation concerning household composition) and an item dealing with chronicity of the presenting problem. In the latter item, the distribution of "recent problem" cases on the outcome variable was similar to the distribution of those cases of "chronic problem with little recent change" and "intensification of long-standing problem."

Outcome was also not related to whether or not the case was known to the agency before. Totally new cases had outcomes similar in their distribution to cases known to the agency before. Also the type of agency, public versus voluntary, was not statistically related to outcome. The voluntary agency did not show a

significantly larger proportion of cases in which service objectives were attained to a considerable or great extent than the combined public agencies. There were differences among the four agencies, but not on the public-voluntary breakdown.

The individual behavioral characteristics items obtained on the children and parents at intake were not significantly related to the objectives-attained outcome variables. However, it should be noted, as reported elsewhere, that a combination of clusters derived from these items yielded a score that was associated with placement of children who were receiving service in own home.[1] Higher scores on these clusters of negative characteristics indicated a greater likelihood of placement, despite efforts to maintain the children at home.

The one important variable from the intake phase that was significantly related to outcome was the caseworker's assessment of the emotional climate in the home. It will be recalled from the earlier section of this analysis dealing with changes in family functioning that there was a significant change for the better on the ratings of emotional climate in the home during service. The importance of the significant relationship between the before rating of emotional climate in the home and the outcome variable lies in the possibility that the emotional climate could represent in and of itself a potential for change that might be more important in determining outcome than is the actual service input. This possibility made it advisable to look at the relationship between emotional climate before service and outcome after service in some detail. Table 6.2 shows the cross-tabulation of these two variables.

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1. Michael H. Phillips et al., A Model for Intake Decisions in Child Welfare (New York: Child Welfare League of America, 1972), p. 10.

Table 6.2

Emotional Climate in the Home at Intake, by Extent to Which Service Objectives Were Attained

Frequency Distribution

Emotional Climate	Extent Objectives Attained: Very Great	Considerable	Limited	Not at All	Total
Excellent	--	3	--	2	5
Good	5	15	6	6	32
O.K.	3	14	22	5	44
Poor	2	25	30	14	71
Unknown	2	14	10	6	32
Total	12	71	68	33	184

$X^2 = 6.49$, df = 2, $p < .05$

When the "excellent" and "good" categories are combined and the objectives distribution is dichotomized, as was done in computing the chi-square, it can be seen that the more positive the emotional climate at intake, the greater the extent to which service objectives are attained. Of the 37 cases with "excellent" or "good" emotional climate, objectives were attained to a "Very Great" or "Considerable" extent in 23, and to a "Limited" extent or "Not at All" in 14. The middle ("O.K.") category shows the opposite, 17 to 27, while the "poor" category is 27 to 44, also in a negative direction. Thus, as expected, a "good" or "excellent" emotional climate in the home at the time of intake appeared to enhance the possibilities of attaining the service objectives to a great or considerable extent, just as a so-so or poor emotional climate appeared to detract from that possibility. Because of this significant relationship with outcome, the emotional climate variable is considered and controlled for statistically in analyzing the effect of certain service variables on outcome in the following section.

The Impact of Service on Outcome

In this section we examine the effect of the amount, intensity and kinds of service on outcome. We also consider what impact the caseworker's approach, the casework techniques used, has on outcome. And we also deal with the question of whether the professional experience and education of the caseworkers have any effect on the extent to which service objectives are attained.

The amount of service was measured in two ways: 1) the number of months of service, and 2) the number of inperson contacts made by the caseworkers with the families. There was a statistically significant relationship between the number of months of service and the outcome of service. The longer the period of service, the greater the extent to which service objectives were attained. The statistically critical cutoff point was between 11 and 12 months of service. Half of the 184 cases received over 11 months of service, and that half had a higher attainment of service objectives. Many of these cases were still open in the agencies at the end of the study, and obviously they had a greater opportunity for achievement of the objectives if only because they had been exposed to the services over a longer period. It is likely that a number of the shorter-term cases were closed, probably by client withdrawal, before the objectives could be attained, in the opinion of the workers.

When the number of inperson casework contacts was cross-tabulated with the outcome variable, there was again a statistically significant relationship. The greater the number of contacts, the greater the attainment of objectives. The same reasoning holds here as with the number of months of service; the more contacts there are, the greater is the exposure to service and the more opportunity for attainment of objectives.

To find out whether the significant relationship between length of service and outcome was affected by preexisting factors at intake, a three-way cross-tabulation was run between these two variables and the variable of emotional climate in the home prior to service, which had been found to be significantly related to outcome. The significant relationship between length of service and outcome was maintained in those cases adjudged to have either a "good" or "excellent" emotional climate in the home ($X^2 = 3.98$, df = 1, $p < .05$). However, the relationship between length of service and outcome was not quite significant ($X^2 = 3.05$, df = 1, NS) for those cases considered as having a less than good ("O.K." or "poor") emotional climate in the home prior to service. In other words, if the emotional climate was less than good, the length of service did not have a strong influence on outcome.

The question of how outcome was affected by intensity of service was tested by relating the outcome variable to the average number of inperson contacts per month by the caseworker. The relationship was found to be significant at the .01 level. Even with control for emotional climate, this relationship was sustained. This was consistent with the two previous significant findings on amount of inperson service contact and the extent to which objectives were attained.

It was mentioned earlier that the number of telephone contacts between workers and clients and the number of collateral contacts tended to be more frequent in cases where the inperson contacts were also more frequent. Therefore, it is not surprising that the average number of telephone calls per month was also significantly related to the outcome variable; the more frequent the telephone contacts, the greater the attainment of service objectives. The same tendency was evident in the relationship between the frequency of collateral calls and the outcome variable, but not enough for statistical significance.

Another variable that had some bearing on intensity of direct casework service was the average length of the interviews with clients. There was a question as to whether longer (therefore, possibly more intensive) interviews were positively related to successful outcome. When these two variables were cross-tabulated there was no statistically significant relationship between them, nor even a tendency toward greater attainment of service objectives as the average length of interviews increased.

After looking at the relationship of amount and intensity of direct casework service to outcome, we analyzed the kinds of service and their effect on outcome. It will be recalled from Chapter 3 that "kinds" or types of service refer to casework and the other "primary" services of financial assistance, day care, homemaker service, group counseling and foster care, as well as the "ancillary" group of medical, psychiatric, job placement, recreational and diverse other services. No single kind or combination of either primary or ancillary services turned out to be significantly related to outcome. However, those cases receiving multiple primary services directly from the study agency had significantly better outcomes than those receiving only one service, usually casework alone. Since practically every case in the sample received casework service, this finding means that cases receiving casework plus some other primary service tended to have more positive outcomes than those receiving casework only. Further, it was not the simple addition of more different kinds of service that enhanced outcome. Cases with one primary service in addition to casework appeared to do as well as those with an additional two, three or more of the other primary services. Finally, no particular mix or combination of services seemed to be significantly related to outcome. Cases receiving a combination of homemaker and casework services did particularly well in the extent to which service objectives were attained, but the number of these cases was too small for statistical significance.

The predominant techniques used by caseworkers in direct service contacts with clients were also analyzed in terms of the extent to which service objectives were attained. Of all the approaches or techniques--exploration, structuring, support, directive, reflective, and administration of a practical service--only support showed a statistically significant relationship to outcome. Successful outcomes were found in a significantly higher proportion of cases in which support was the predominant technique than of cases in which other techniques were predominant.

This significant relationship between the use of support and successful outcome was analyzed further by statistically controlling for the factor of emotional climate in the home prior to service. There was still a significant relationship between the use of support and service outcome.

The outcome variable used so far in this analysis is a caseworker measure in the sense that the workers specified the extent to which service objectives were attained. We looked also at how the clients' evaluation of the service received related to the predominant methods used by their caseworkers. Here again support showed a significant positive relationship to the clients' assessment of service received. The importance of the casework technique of support for this population of child welfare families came through clearly in the data in many different ways--worker assessments, client perspectives, and statistical controls for other variables.

Of course, the measure of casework techniques used here is a gross one, having to do with the predominance of a certain approach over the course of service or treatment. In certain situations it might be unwise for caseworkers to use support as a technique if the possible effect were to reinforce negative or self-defeating behaviors on the part of the clients. However, the findings here

suggest that emotional support and encouragement is a necessary, if not sufficient, condition for the achievement of casework objectives. This type of casework input is evidently the kind needed to enable child welfare clients to grapple with the manifold problems besetting them.

Caseworker Factors and Outcome

There were several factors concerned with the caseworkers themselves that we thought might have an effect on the outcome of service. One was the number of workers assigned to the case during its life. It was considered possible that changes of workers would be dysfunctional for the attainment of service objectives. Somewhat surprisingly, when the outcome and number-of-workers variables were cross-tabulated, there was no statistically significant relationship. Since it is generally assumed that change of workers is disruptive of worker-client relationships, this finding of nonsignificance was pursued by examining what bearing, if any, the emotional climate in the home at intake had on the situation. A three-way cross-tabulation showed that controlling for the emotional situation variable had no effect whatsoever. There was still no significant relationship between the number of workers in the case and the outcome of service. Those families and children who had one worker continuously throughout the period of service did not fare appreciably better than those who had several different workers.

The other caseworker factors on which there were data were experience, professional education, race and sex. Any expectations about the relationship of these to the outcome variable were likely to be in terms of caseworker education and experience, rather than race or sex. As indicated in Chapter 3, there was one significant relationship between education and the casework methods used (greater use of support by M.S.W.s), as well as some tendency toward association between worker experience and methods used. It was not expected that race or sex of

worker would have any bearing on outcome, but data were available on these two variables to cross-tabulate with the outcome variable.

The sex of caseworker had no significant association with service outcome. Neither male nor female workers had significantly more successful cases in terms of the extent to which service objectives were attained. However, the caseworker's race showed a significant relationship to outcome at the .05 level. Proportionally more cases handled by black workers had successful outcomes than those handled by white caseworkers. The 16 cases handled by black workers were evenly distributed between black and white clients, and both types of clients fared equally well in terms of the extent to which service objectives were attained. However, when worker race and outcome were cross-tabulated with the variable of emotional climate in the home at intake, the relationship between worker's race and outcome was no longer significant.

When the worker variables of professional education and experience were examined in relation to outcome, the results showed that there was no significant relationship for either. In checking this finding further, the emotional climate variable was again controlled for statistically to see whether that affected the relationship between worker education or experience and outcome. It was conceivable that the more experienced workers with more professional education had been assigned cases with poorer emotional climates in the home on the theory that the greater experience and training would be preferable for working with such families. No evidence of an overall, systematic assignment of cases by the emotional factor showed up in the data, and there was still no significant relationship between either worker education or worker experience and outcome when this factor was statistically controlled.

These findings suggest that the service input, the frequency and intensity of service contacts, the length of service, the provision of multiple rather than single services, and the use of supportive casework methods are more important determinants of the outcome of service than are the characteristics (sex, race, training and experience) of the workers themselves. In short, what the workers do is much more important than who they are.

Chapter VII

SUMMARY AND CONCLUSIONS

This study represents the second phase of a project with a dual purpose. The first phase examined and identified the factors associated with the choice of providing service to children in their own homes as opposed to the decision to place children in substitute care. The data for the first phase were collected on an Intake and Decision Schedule, which was completed by caseworkers during the spring and summer of 1970. This schedule also provided the baseline data for the second phase which studied the nature and outcome of own home service provided during the project year ending in the summer of 1971.

Intake and Decision Schedules were filled out on a total of 553 children in 246 cases in which the decision was to serve the children in their own homes by plan or in lieu of placement. These cases, along with the cases in which the decision was to place the children, were collected in one voluntary and three public child welfare agencies. The first-phase analysis of factors associated with placement decisions involved only cases from the three public agencies because of the small number of placement cases in the voluntary agency sample. The cases for the second phase, however, came from all four agency settings, with the voluntary agency contributing 63 of the initial 246 own home decision cases.

Although we started this study with 246 cases including 553 children identified as in need of service on the Intake and Decision Schedules, we also needed

Monthly Service Schedules from the caseworkers, as well as Outcome Schedules filled out when service was terminated or at the end of a year if service was still being provided at that time. Complete intake, service and outcome data were available on 184 cases involving 429 children. Most of the loss in cases from the initial sample was due to closing of cases by plan or through client withdrawal within the first month after the intake decision. In a few instances the children were placed during the early phase, so they ceased to be own home service cases. Finally, there were cases that belonged in the own home study group in which the research schedules were not completed by the caseworkers. In addition to the data collected from caseworkers, in 98 of the 184 cases, information collected through interviews with the clients themselves was available. These were cases in which two research interviews had been conducted, one soon after service began and a final one at the time of case closing or at the end of the project year.

Summary of the Findings

Perhaps the best way to summarize the findings is to return to the four basic questions toward which the study was directed, as they were posed in Chapter 1. These questions were:

1) Who are the children and families served in their own homes?
2) What does the service comprise?
3) How do the clients perceive the service?
4) What is the outcome of the service?

These questions and related questions that were subsumed under them provide the guidelines for the following material.

The first question asks for a description of the children and families who received services in their own homes. In general these own home service cases seemed to be in somewhat better circumstances and to be functioning somewhat

better than the placement cases studied in the first phase of the research. Although slightly over half of the families were headed by mothers only, 39% of the own home cases had both parents present in the household, whereas only 23% of the children in placement cases came from a two-parent household.

There were also more children in the own home families than in the families of children who were placed. The financial situation of both groups was poor, but 47% of the own home families were receiving public assistance, as compared with 71% of the placement cases from the public agencies.

The racial distribution of the cases from the own home sample was 64% white, 34% black, and 2% other, but the sample cases from the public agencies included 44% black, as compared with only 4% black in the voluntary agency cases. This differential between the public and voluntary agencies on the racial distribution of their clientele had been anticipated on the basis of prior surveys.

Probably the most meaningful description of the children and families was in terms of the problems that precipitated the request for services, for it was these problems that determined both the objectives and the kinds of services provided. Of the initial 246 cases on which there were Intake and Decision Schedules, 43% of the cases represented incidents in which abuse, neglect or inadequate care was the precipitating problem. The second largest group (28%) represented cases in which the need for day care was cited, because of employment or training of the caretaking parent. Emotional problems of the mother were the precipitating factor in 11% of the cases, while emotional problems of the father were the precipitant in only 2% of the cases. In only 7% of the cases was the request precipitated by the child's emotional or behavioral problem. Marital problems accounted for only 2% of the cases as the precipitating factor. Finally, 7% of the requests were precipitated by the inability of the parent to care for the child, usually because of illness or hospitalization of the parent.

When this figure of 7% of the cases involving parental inability to care for the child is combined with the 43% figure representing reports of abuse, neglect or inadequate care, it can be seen that the precipitating problems in half of the cases related directly to the quality of child care. The predominance of this factor became evident in the findings related to the objectives, focus and content of service.

The minor role played by marital problems and by father's emotional and behavioral problems was noteworthy, as was the relatively small percentage of cases in which the child's behavioral or emotional problems were precipitating factors. Another point about the emotional and behavioral problems of the children served in their own homes is that these problems tended to be more often the withdrawn, somewhat neurotic, nonacting-out behaviors, in contrast to the children who were placed and who tended to exhibit significantly more aggressive, antisocial, acting-out behavior.

The second basic question of the study, as to the nature of the service provided, was answered from a number of vantage points. The kinds of service provided were classified in several different ways. One classification was by the five basic program types.

The type of service decided upon at intake for the 184 cases with complete intake, service and outcome data was distributed as follows: day care 30%, homemaker 3%, preventive 30%, protective 31%, and placement 6%. These placement cases represented situations in which foster care was the service plan of choice, but in which service in own home was to be provided until an appropriate placement resource could be found. Regardless of the service program decided upon at intake, most of the cases received other services in addition. There also was a twofold classification of services as "primary" and "ancillary." The

primary services were generally those provided directly by most child welfare agencies (e.g., casework counseling, financial assistance), whereas the ancillary services were generally those obtained through referral to other agencies (e.g., medical and psychiatric service, vocational training). Most cases received a combination of primary and ancillary services, as might have been expected. Almost all (98%) received casework counseling while receiving day care, homemaker service, etc.

The cases received an average (mean) of 8.5 months of service during the 12-month period of study. This figure would of course have been higher if the period of study had not been restricted to 1 year, since some cases were still receiving services from the agencies at the end of this time. However, even within the study period there was a significant difference in the average length of service received by public agency cases, as compared with the voluntary agency cases. The public agency cases had a mean of 8.1 months of service, as against a mean of 9.6 in the voluntary agency.

The amount of service received by these children and families also varied in the frequency of direct service contacts, i.e., inperson contacts between clients and workers. The voluntary agency showed a larger number of such contacts than did the public agencies, with a mean of 2.6 direct contacts per month, compared with 1.1. Telephone contacts with clients and collateral contacts tended to increase in relation to the frequency of direct contacts.

Casework attention in the direct service contacts tended to focus on the care of the children and the mother's functioning. Out of 33 categories of parent, child, and family functioning, the area that was the most frequent focus of attention was the mother's parental functioning. Second was the emotional care of the child by the family (e.g., warmth and affection provided), with the mother's

emotional functioning third, the child's emotional functioning fourth, and parent-child relationships fifth. The centrality of the mother in the direct service process was further demonstrated in the identification of the following areas of functioning as the most important (as distinct from the most frequently discussed) ones in the contacts between worker and client: 1) mother's emotional functioning, 2) mother's parental functioning, 3) mother's physical functioning, 4) mother's use of formal resources (e.g., health and welfare), 5) emotional care provided the child by the family. Since the presenting problem in half of the cases concerned the quality of child care, it is not surprising that the mother's functioning, parental and otherwise, and the emotional care provided the child by the family as a whole were so central in the direct service contacts.

Another interesting aspect of direct service was the casework techniques or approaches used by the workers in their contacts with the clients. These approaches were indentified by an adapted form of Hollis's classification of casework treatment, including the techniques of exploration (informational and historical), structuring (procedural), support (emotional), directive techniques (advice-giving), reflective techniques (insight-oriented), and practical help (concrete help in the form of transportation, goods, escort, etc.). The technique most frequently identified by the workers as the predominant one used in contacts with clients was support, i.e., expression of emotional reassurance, understanding and encouragement. A distant second in frequency of predominance was directive techniques, used only slightly more frequently than exploration and reflective techniques.

It had been anticipated that the voluntary agency workers would utilize reflective techniques more than their public agency counterparts because of the much higher proportion of M.S.W.s in the voluntary agency (72% vs. 24% in public agencies) and its more clinical approach. Although the percentage of contacts in which reflective techniques were predominant was 17 in the voluntary agency, as compared with

ll in the public ones, this difference was nowhere near so noteworthy as the predominance of the technique of support in both settings, 23% in the public and 40% in the voluntary.

We had anticipated a differential use of certain techniques based on the extent of graduate professional training of the workers. It was expected that the greater the graduate training, the greater would be the use of reflective techniques. However, there was no significant difference between the M.S.W.s and the non-M.S.W.s on this. The one technique used significantly more by the workers with graduate training was emotional support. This tendency toward greater use of support was also noted among the more experienced caseworkers, but the trend was not strong enough for statistical significance.

Probably the most important aspect of the third basic question--"How do the clients perceive the service?"--is how helpful or effective the clients considered the services. Of the 98 clients interviewed independently by research interviewers soon after intake and again at the end of service, 64% reported that the agency had been "very helpful." Another 23% felt it had been "somewhat helpful," and 13% reported it had been "not helpful at all." Another item reflective of the clients' perception of service effectiveness was the response to a question asking how things were after service, as compared with the time of intake. A total of 41% responded "much better," 27% "somewhat better," 21% "about the same," and 11% "worse." Thus, about two-thirds of the clients interviewed had a positive perception of the helpfulness or effectiveness of the service.

As far as the clients' perception of the need for service was concerned, only 13% of those interviewed reported that they wanted no agency service, even though 31% reported that their contact with the agency was not voluntary. Of course, this finding should be considered in the light of a strong likelihood of some bias

toward socially acceptable responses from some of the clients who agreed to be interviewed.

Two-thirds of the clients reported that they and the agency were in agreement on what kind of service they should receive. Those who were not in accord on this came mostly from the group who wanted no service at all, as well as some who wanted a specific, concrete service such as day care rather than counseling about their child care or relationships. Generally, however, there was considerable congruence between the clients' and the workers' perceptions of the need for service, as well as the kind of service that would be appropriate.

Answers to the fourth basic question--"What is the outcome of service?"--are provided in part by the clients' perception of the helpfulness of the service. However, the 98 clients interviewed at the beginning and end of the project constituted only a section of the total group of 184 families and 429 children that formed the core group for the analysis of intake, service and outcome factors. Client perceptions were important and integral to the analysis of outcome, but only a part of it.

There were two major methods of assessing outcome. The first was to examine changes in the behavior and situations of the children, parents and families based on before-and-after reports of the caseworkers in the 184 cases on which there were intake and outcome data. The client interviews also provided before-and-after data (particularly concerning the children) on changes in behavior and circumstances as perceived by the clients, against which we were able to check the caseworker perceptions of change.

The second method of assessing outcome was to obtain caseworker evaluation of the extent to which initial service objectives were attained. Here, too, workers' assessments were checked against clients' assessments of outcome, most notably

their perceptions of the helpfulness of the service and the perceived changes in their general circumstances. Consequently, the significant findings emphasized in this report are those in which there was some conclusiveness because of a general agreement between worker reports and client perceptions.

Looking first at the before-and-after measures of changes in behavior as indicators of service outcome, we find that the children showed more positive changes than their mothers or fathers. There was general improvement for the children in the areas of parent-child relationships and of emotional functioning. In particular, there was a significant positive change in the children's acceptance of parental control, as well as a significant reduction in withdrawn behavior. There was also a significant drop in enuresis, but we viewed this as a result of children outgrowing the stage at which enuresis is common, rather than as a consequence of the service. However, the marked reduction in withdrawn behavior is noteworthy because this group of children served in their own homes differed significantly in their behavior from the children who were identified as needing placement in the initial phase of the project. The placement children exhibited more aggressive, acting-out behavior, whereas the own home children tended toward more withdrawn, neurotic behavior. Thus, although the child's emotional problem as the reason for service accounted for less than 5% of the own home cases, the behaviors that changed in a positive sense for the group were precisely the type that had been a problem at intake.

The mothers showed some significant changes in behavior over the course of service, most notably in the area of maternal functioning. The mothers evidenced a significant positive change in their ability to set limits for their children. This complements the finding that the children were better able to accept parental control after service. The mothers also showed a significant reduction in excessive drinking in cases where this was a problem initially. Perhaps not too much

should be made of this finding, since excessive drinking was reported as a problem for only a few of the mothers in the sample.

There was also what appeared to be a negative change in the mothers' behavior. Worker reports described significantly more mothers as "suspicious and distrustful" after service than before. Thinking this might be an attitude that developed as a result of the service process itself, we checked whether these clients expressed negative attitudes toward their workers or the agency in the final interview after service. Since almost all expressed positive attitudes, it was clear that something other than the service process was responsible for the increase in suspicious and distrustful attitudes, perhaps a realistic assessment of the deteriorated and perhaps even dangerous environments in which some of them lived.

The fathers showed some evidence of deterioration over the life of the project. Although the father's behavioral or emotional problems accounted for only 2% of the cases as the reason for initiating service, there were significant increases in the numbers of fathers after service appearing to be emotionally disturbed and those described as drinking excessively. This evidence of deterioration in father's behavior is somewhat similar to findings in studies of public assistance families that the father's functioning in the family and his relationship to it gradually deteriorate over the course of assistance to a point where the relationship is often severed completely.[1] That nearly half of the families in our study sample were receiving public assistance at the time of application for child welfare services suggests that deterioration might have been going on relative to some of the fathers prior to the introduction of child welfare services and that these services were not able or geared to stem the tide.

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1. Jane C. Kronick, Family Life and Economic Dependency, unpublished report to the Social Security Administration (Bryn Mawr, Pa.: Graduate Department of Social Work and Social Research, Bryn Mawr College, 1965).

Outcome was also assessed through changes during service in the overall functioning of the family as a unit, as distinct from the individual functioning of child, mother and father. The greatest positive changes were in the areas of child-training methods, emotional care of the child, and parent-child relationships. Other areas of family functioning, such as marital relations and family integration, did not show the same unmixed picture of positive change. This was consistent with the findings on the negative behavior changes in some of the fathers and the possible impact of this on the marital situation. It should be noted, however, that there was not a significantly negative change in the fathers' parental functioning. This point is made because of the number of significant positive changes in child care and training by the family that were found in the following areas: 1) supervision and guidance, 2) protection from physical abuse, exploitation or exposure to dangerous situations, 3) sleep arrangements and supervision, and 4) dress, including sufficiency, cleanliness, appropriateness. There was also evidence of positive attitudinal changes on the part of the parents in terms of child-rearing practices, based on their response in the before-and-after interviews.

These findings are notably similar to those found by Geismar in his study of young families in the Family Life Improvement Project carried out in Newark. He found that the project's social services had the greatest positive impact on the area of "care and training of children" out of the eight general areas of functioning in which the families were evaluated.[2] One of the areas showing the least positive effect from service was that of individual behavior and adjustment, which also is consistent with our findings, at least as far as the fathers are concerned, and perhaps the mothers.

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2. Ludwig L. Geismar et al., Early Supports for Family Life: A Social Work Experiment (Metuchen, N.J., Scarecrow Press, 1972), p. 101.

The second major method of assessing outcome of service--using caseworker evaluation of the extent to which service objectives were attained in each case--showed the following distribution of the families in terms of attainment of objectives: "A very great extent," 6%; "A considerable extent," 39%; "A limited extent," 37%; and "Not at all," 18%. This variable showed a strong, statistically significant association with the clients' assessments of outcome as measured by their perceptions of how helpful the agency had been to them and how things were after service, as compared with before.

An analysis also was made of the relation to outcome of key factors known about the families at intake. This was done to find out whether specific preexisting factors were associated with successful outcomes, and then to control for these factors statistically, so as not to assume that successful outcomes were the result of service when they might be due to preceding factors.

The precipitating problem that brought the families to the agency was not associated with the outcome variable. This was probably because the outcome variable measured the attainment of objectives, and the objectives were determined to a large part by the presenting problem. Less ambitious objectives were probably set for families with problems indicative of potential for only marginal functioning at best, and more ambitious objectives were set for other better-functioning families. Thus, marginal families with more serious presenting problems would not necessarily be expected to show less attainment of service objectives.

Probably somewhat the same explanation holds for the finding that the service program (day care, protective, homemaker, etc.) was also not statistically related to outcome. For example, day care cases were no more likely to attain the service objectives than protective cases, because the service objectives probably varied with each service program.

The factor of family structure had no bearing on outcome. The nonintact (single parent) families did about as well as the intact families in achievement of service objectives. This is probably related to the fact that the fathers were not central either to the problems that brought the families to the agencies or to the services that were provided.

The analysis also indicated that the type of agency, public vs. voluntary, showed no relationship to outcome. There were some differences among the four agencies in the attainment of service objectives in their cases, but the differences were not between the public and the voluntary settings.

One factor, a global casework judgment item called "Emotional Climate in the Home," did, however, show a significant relationship to outcome. When the emotional climate in the home had been assessed at intake by the caseworkers as "excellent" or "good," the service objectives were attained to a significantly greater extent than when the climate was assessed as simply "O.K." or as "poor." A number of individual behavior and background factors known about the children and parents at intake did not show a significant relationship to outcome, but the more general "emotional climate" variable probably captured some of the cumulative effect of these individual factors had they been combined into clusters. The emotional climate variable was controlled for statistically when any of the service variables showed significant relationships to outcome, to avoid attributing variation in outcome to service input when preexisting factors might have explained more of the variation.

As far as the impact of service on outcome was concerned, the amount of service showed a statistically significant relationship to the extent to which objectives were attained. The length of service in months was related to outcome in that the longer the period over which service was provided, the greater the attainment

of service objectives. (This finding has policy and practice implications, which are discussed later.) Amount of service was also measured by the frequency of inperson service contacts, and this variable, too, showed a significant positive relationship to outcome. Further, the intensity of service as measured by the frequency of contacts within a specified period (mean number of contacts per month) also evidenced a positive significant relationship to outcome. The number of telephone contacts with clients and the number of collateral contacts both were significantly related to outcome, reflecting again the basic fact that the greater the service activities generally, the greater the attainment of service objectives. These quantitative service variables maintained their significant relationships to outcome even when the preexisting factor of emotional climate was controlled for statistically.

When types of service (basically the service programs of day care, protective, homemaker, etc.) were analyzed in relation to outcome, there was no significant relationship to the dependent variable of objectives attained. This was probably because, as mentioned earlier, service objectives vary by type of service program. What did show up was that a combination of services, in contrast to a single service, showed a significant relationship to outcome. For example, a combination of homemaker service and casework counseling or of day care and casework was more likely to lead to attainment of service objectives than day care alone, homemaker alone or casework alone. No particular combination of services showed a significantly greater association with successful outcome, but this may have been due to small numbers in some of the combinations. The mixture of homemaker and casework service, for example, looked promising in relation to outcome, but such cases were too few to demonstrate statistical significance. The essential point is that cases receiving multiple rather than single services showed a significantly higher attainment of service objectives.

When the analysis turned to the casework techniques used in the direct service contacts, the importance of support (e.g., reassurance, understanding, encouragement) for the attainment of service objectives was clear. Of all the techniques in our classification (exploration, structuring, support, directive, reflective, practical help, and nonverbal activity with child), only support showed a statistically significant relationship to outcome. The cases in which support was the predominant technique showed a significantly greater attainment of service objectives than cases in which other techniques were predominant. Support also showed the same positive statistical relationship to the clients' perception of the helpfulness of agency service.

The importance of the technique of support has been demonstrated in other studies. Geismar noted that the data from his Family Life Improvement Project suggested that ". . .those workers who not only gave greater amounts of support (r_s = + .619) but increased the amount of support given over the course of treatment (r_s = + .601) were the more successful workers."[3]

The findings from research in psychotherapy suggest much the same thing. Carl Rogers has found that three conditions correlate with positive change in therapy: empathic understanding, unconditional positive regard, and congruence between the therapist and patient.[4] Empathic understanding was included in the definition of support used in this study, and positive regard was undoubtedly communicated to a great extent by the expression of support by the workers.

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3. Ibid., p. 147.

4. Charles B. Truax and Robert R. Carkhuff, Toward Effective Counseling and Psychotherapy (Chicago: Aldine Publishing Co., 1967), p. 80.

In the literature and research on casework intervention, the importance of support has been lost in the perennial debate on the appropriateness of reflective, intrapsychic techniques vs. directive techniques with certain clientele, particularly lower-class and/or multiproblem families. Mayer and Timms, for example, in their study of family service casework with English working class clients, went over this issue at considerable length. Yet, they noted that only those workers who were perceived by the clients as caring and as showing concern through their reassurance and understanding were able to make their efforts felt.[5] Their findings suggest that regardless of whether the workers stick primarily to directive, advice-giving techniques or to reflective techniques, they and their clients make little headway unless there is that prior element of support and concern. This is why in this study we have identified the technique of support as the necessary, if not sufficient, condition for successful service to child welfare clients. This is buttressed not only by the positive effect of support on outcome, but by the almost totally negative outcomes in those cases in which support was never the predominant technique in service contacts.

A number of caseworker variables were analyzed in relation to outcome. Most notable among these were worker training and worker experience. There was a tendency toward more successful outcomes in cases handled by workers with graduate social work training; however, it was not great enough for statistical significance. Furthermore, there was no clear evidence that the M.S.W.s systematically were assigned to the families with the greatest emotional problems. Had this been true, it might have explained the lack of a significant relationship between worker education and outcome. Worker experience also showed the same lack of relationship to outcome, even when the intake variable of emotional climate was controlled.

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5. John E. Mayer and Noel Timms, The Client Speaks: Working-Class Expressions of Casework (New York: Atherton Press, 1970), p. 93.

Implications of Study Findings

This study, like other research efforts in the general area of social services, clarifies some questions while it raises others. Its implications for practice, policy or further research may not be so immediately apparent as those of an experimental study or a demonstration in which certain strategies or preconceived and operationalized ideas are tested for efficacy. However, there are implications inherent in the findings. Some of them might be developed into field experiments; others simply apply to practice or policy as it exists or is developing.

For example, our finding that the longer service is provided the more likely is it that service objectives will be achieved appears to be a commonsense observation, hardly requiring research to verify it. Yet, there is research evidence that for certain kinds of clientele long-term service does not attain service objectives so effectively as does short-term casework service, particularly for intact families without overwhelming environmental problems who seek help for interpersonal problems such as marital or parent-child relationships.[6] However, for crisis-ridden families (rather than families in a crisis) with the multiple, pressing problems that were more characteristic of this sample, it is clear that to give brief service for one problem and to close the case would be a disservice to the clients. Yet, in one of the public agencies that served as a setting for this study and that was also a pilot agency in its state's plan for reorganizing social services, a 3-month cutoff period was recommended for all its service cases as part of the projected reorganization.

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6. William J. Reid and Ann W. Shyne, Brief and Extended Casework (New York: Columbia University Press, 1969).

On the other hand, this study found that optimal attainment of service objectives was greatest in those cases that were open closer to 1 year. Thus, there are policy as well as practice implications in this finding. The burden of proof seems to fall on those state, federal or local planners who would institute an arbitrary cutoff point, such as 3 months, as the current massive reorganization of the public services is carried out.

Another finding with some implications is that although trained workers showed greater use of the successful technique of support, there was no overall significant difference between M.S.W. and non-M.S.W. workers in attainment of service objectives. This finding speaks to the fact that enough of the untrained workers, out of some combination of innate sensitivity, applied intelligence and inservice training, used the right approaches with their clients to offset, at least statistically, some of the advantages in practice skill and knowledge possessed by the more highly trained and experienced workers. This has implications for both practice and research. The possibilities for further research lie in the direction of studying which new and untrained workers can be identified in terms of their attitudes, behaviors and backgrounds with the kinds of approaches used by the successful workers in this study, regardless of training.

The implications of this finding for practice are obvious. It suggests that at least a substantial proportion of non-M.S.W. workers can do an effective and sensitive job with their clients. The challenge for practice lies in the development of appropriate recruitment, inservice training and evaluation methods concerning these promising but inexperienced and less-trained workers.

One possible negative implication of our findings in this regard should not be overlooked. It has to do with the central role played by emotional support in the achievement of casework objectives. In those relatively few cases in which

the workers reportedly did not use support as the predominant technique in any of their contacts with clients, the results were almost uniformly negative. The service objectives simply were not attained to any extent at all. With the influx of public assistance caseworkers into the social service picture under the integration of public assistance and child welfare services in public agencies, there should be some concern with a possible increase in the kinds of caseworkers who, by prior experience and practice attitude, would tend to eschew the use of support in providing services. With some such workers there is the possibility that punitive rather than supportive attitudes toward clients would be carried over into the new service arena. This, of course, speaks to the need for screening, inservice training and/or reorientation, and continued evaluation of experienced workers coming out of a different kind of service experience, just as there is this need for entirely new workers coming into the new, integrated system.

Conclusions

Summing up in capsule form the various findings about the nature and outcome of service to children in their own homes is not simple. Yet when one pulls back somewhat from the individual findings, there emerges a certain pattern that puts isolated facts into perspective. This pattern is clearest when viewing the profile of changes in parent, child and family functioning. The areas of greatest positive change were those in which child care and training were the center of concern and service effort. Since half of the study cases came to the agencies because of a precipitating problem involving the quality of child care, the general pattern of successful outcome appears to be on target.

Although problems in the individual adjustment and functioning of children, mothers and fathers were among the alternative factors bringing these families to the agencies, such cases were fewer and the pattern of successful outcome in them was less general. The significant changes in the mother's functioning were

primarily in parental functioning, though considerable service effort was expended on emotional functioning as well. The children gained in areas of emotional functioning and their relationships with their parents, though the service efforts were not in the form of direct work with the children, but rather through work with the parents. Finally, the fathers showed some evidence of negative change in areas associated with emotional functioning, while the area of marital relations showed a mixed picture.

What all this seems to say is that if we take the welfare of the child as the primary objective of service, the outcome is good, as far as the evidence of this study is concerned. When the objective is change in overall family functioning, the success is less clear. Much the same could be said for the objective of enhanced individual adjustment or functioning. But perhaps this is because neither the services nor the service staff were geared toward the latter two objectives in terms of priorities, training or program. Although considerable casework effort and attention were focused on the mother's emotional functioning, it is as if these efforts served to sustain her rather than to change her in her emotional adjustment. In so doing they enabled her to function better in her maternal role.

These sustaining efforts also apparently paid off in terms of the generally positive client response to the service and concern they received. In an editorial dealing with the pros and cons concerning the value of casework generally Schorr wrote: "It is difficult to find in a whole city someone who will listen to a problem, attentively and without self-interest, for an hour or two."[7] The attitudes of the clients toward the casework attention they received suggest the value to them of finding someone who will listen.

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7. Alvin L. Schorr, "The Real Thing," Social Work, XVI, No. 3 (July 1971), p. 2.

Appendix A

CWLA Study of Service in Own Home - Form C

Agency Code_____
Case Code_____

MONTHLY SERVICE SCHEDULE

Surname or Case #_____ Worker's Name_____

Agency_____ Month of Service_____

A. IN-PERSON INTERVIEWS WITH HOUSEHOLD MEMBERS

1. Summary of In-Person Interviews

a. Number of individual, joint or family group interviews for the month _____
b. Number of scheduled appointments broken..... _____

Please use one column of this section for each in-person interview you have with members of the household, whether seen individually or together. Complete the items in the appropriate column as soon as possible after the interview. If you exceed 8 interviews during the month, use an additional Form C.

	Interviews							
	1st	2nd	3rd	4th	5th	6th	7th	8th
2. Date of Interview (Fill in actual day, e.g., 21st).....	___	___	___	___	___	___	___	___
3. Place of Interview								
Home visit.....	___	___	___	___	___	___	___	___
Office.....	___	___	___	___	___	___	___	___
Other.....	___	___	___	___	___	___	___	___
4. Length of Interview (in minutes)...	___	___	___	___	___	___	___	___
5. Persons Interviewed (Check all that apply for any one contact.)								
Mother.....	___	___	___	___	___	___	___	___
Father.....	___	___	___	___	___	___	___	___
Other caretaking adult.....	___	___	___	___	___	___	___	___
Child(ren).....	___	___	___	___	___	___	___	___
Relative.....	___	___	___	___	___	___	___	___
Non-relative household member....	___	___	___	___	___	___	___	___
6. Who initiated contact?								
Worker.....	___	___	___	___	___	___	___	___
Household member.....	___	___	___	___	___	___	___	___

7. Subject of Discussion

Check as many as apply. Then circle the one check mark that indicates the most important subject of the entire interview.

	Interviews							
	1st	2nd	3rd	4th	5th	6th	7th	8th
I. Individual functioning								
A. Mother (stepmother)								
1. Parental functioning (care and training of children).....	—	—	—	—	—	—	—	—
2. Marital functioning (affection and concern shown as wife).....	—	—	—	—	—	—	—	—
3. Employment functioning (job stability, work patterns and relationship).....	—	—	—	—	—	—	—	—
4. Household functioning (adequacy of homemaking efforts or arrangements).....	—	—	—	—	—	—	—	—
5. Physical functioning (illness, disabilities, etc.).....	—	—	—	—	—	—	—	—
6. Emotional functioning (adjustment and behavior).....	—	—	—	—	—	—	—	—
7. Use of formal resources (health, welfare, recreational, etc.).....	—	—	—	—	—	—	—	—
8. Use of informal resources (friends, neighbors, extended family, etc.).....	—	—	—	—	—	—	—	—
B. Father (stepfather)								
1. Parental functioning (care and training of children).....	—	—	—	—	—	—	—	—
2. Marital functioning (affection and concern shown as husband)....	—	—	—	—	—	—	—	—
3. Employment functioning (job stability, work patterns, etc.)..	—	—	—	—	—	—	—	—
4. Household functioning (efforts at maintenance and repair, and cooperation in homemaking).....	—	—	—	—	—	—	—	—
5. Physical functioning (illness, disabilities, etc.).....	—	—	—	—	—	—	—	—
6. Emotional functioning (adjustment and behavior).....	—	—	—	—	—	—	—	—
7. Use of formal resources (health, welfare, recreational, etc.).....	—	—	—	—	—	—	—	—
8. Use of informal resources (friends, neighbors, extended family, etc.).....	—	—	—	—	—	—	—	—

	Interviews							
	1st	2nd	3rd	4th	5th	6th	7th	8th
C. Child 1, Name_____								
1. Family functioning (parent and sibling relationships, participation and cooperation in household tasks and family life).....	—	—	—	—	—	—	—	—
2. School functioning (adjustment and achievement in school).....	—	—	—	—	—	—	—	—
3. Physical functioning (illness, disability, etc.).....	—	—	—	—	—	—	—	—
4. Emotional functioning (adjustment and behavior).....	—	—	—	—	—	—	—	—
5. Social functioning (peer relationships).....	—	—	—	—	—	—	—	—
C. Child 2, Name_____								
1. Family functioning (parent and sibling relationships, participation and cooperation in household tasks and family life).....	—	—	—	—	—	—	—	—
2. School functioning (adjustment and achievement in school).....	—	—	—	—	—	—	—	—
3. Physical functioning (illness, disability, etc.).....	—	—	—	—	—	—	—	—
4. Emotional functioning (adjustment and behavior).....	—	—	—	—	—	—	—	—
5. Social functioning (peer relationships).....	—	—	—	—	—	—	—	—
C. Child 3, Name_____								
1. Family functioning (parent and sibling relationships, participation and cooperation in household tasks and family life).....	—	—	—	—	—	—	—	—
2. School functioning (adjustment and achievement in school).....	—	—	—	—	—	—	—	—
3. Physical functioning (illness, disability, etc.).....	—	—	—	—	—	—	—	—
4. Emotional functioning (adjustment and behavior).....	—	—	—	—	—	—	—	—
5. Social functioning (peer relationships).....	—	—	—	—	—	—	—	—

	Interviews							
	1st	2nd	3rd	4th	5th	6th	7th	8th
C. Child 4, Name_____								
1. Family functioning (parent and sibling relationships, participation and cooperation in household tasks and family life).....	—	—	—	—	—	—	—	—
2. School functioning (adjustment and achievement in school).....	—	—	—	—	—	—	—	—
3. Physical functioning (illness, disability, etc.).....	—	—	—	—	—	—	—	—
4. Emotional functioning (adjustment and behavior).....	—	—	—	—	—	—	—	—
5. Social functioning (peer relationships).....	—	—	—	—	—	—	—	—
C. Child 5, Name_____								
1. Family functioning (parent and sibling relationships, participation and cooperation in household tasks and family life).....	—	—	—	—	—	—	—	—
2. School functioning (adjustment and achievement in school).....	—	—	—	—	—	—	—	—
3. Physical functioning (illness, disability, etc.).....	—	—	—	—	—	—	—	—
4. Emotional functioning (adjustment and behavior).....	—	—	—	—	—	—	—	—
5. Social functioning (peer relationships).....	—	—	—	—	—	—	—	—
C. Child 6, Name_____								
1. Family functioning (parent and sibling relationships, participation and cooperation in household tasks and family life).....	—	—	—	—	—	—	—	—
2. School functioning (adjustment and achievement in school).....	—	—	—	—	—	—	—	—
3. Physical functioning (illness, disability, etc.).....	—	—	—	—	—	—	—	—
4. Emotional functioning (adjustment and behavior.....	—	—	—	—	—	—	—	—
5. Social functioning (peer relationships).....	—	—	—	—	—	—	—	—

	Interviews							
	1st	2nd	3rd	4th	5th	6th	7th	8th
II. Family Functioning								
A. Child Care								
1. Physical care (clothing, diet, health care, cleanliness, etc.)..	—	—	—	—	—	—	—	—
2. Emotional care (warmth and affection, sense of belonging, etc.)..	—	—	—	—	—	—	—	—
3. Training methods (punishment, consistency, laxity, etc.).....	—	—	—	—	—	—	—	—
B. Family Interaction								
1. Parent-child relationships (specific conflicts, favoritism, etc.).....	—	—	—	—	—	—	—	—
2. Marital relationship (compatibility).....	—	—	—	—	—	—	—	—
3. Sibling relationships.....	—	—	—	—	—	—	—	—
4. Relationships with other significant relatives.....	—	—	—	—	—	—	—	—
5. Family integration (overall cohesiveness, collective responsibility).....	—	—	—	—	—	—	—	—
C. Financial Condition and Functioning								
1. Sources and adequacy of income...	—	—	—	—	—	—	—	—
2. Money management.....	—	—	—	—	—	—	—	—
D. Housing and Household Functioning								
1. Adequacy and condition of housing (size, state of repair, neighborhood).....	—	—	—	—	—	—	—	—
2. Housekeeping practices (standard of family cleanliness and maintenance).....	—	—	—	—	—	—	—	—

8. Worker Activity

Check as many as apply. Then circle the check mark that indicates the predominant activity in the interview. See Definitions below.

	Interviews							
	1st	2nd	3rd	4th	5th	6th	7th	8th
Exploration.....	—	—	—	—	—	—	—	—
Structuring.....	—	—	—	—	—	—	—	—
Support.....	—	—	—	—	—	—	—	—
Directive techniques.....	—	—	—	—	—	—	—	—
Reflective techniques.....	—	—	—	—	—	—	—	—
Practical help.....	—	—	—	—	—	—	—	—
Non-verbal activity with child (e.g., play therapy).....	—	—	—	—	—	—	—	—

DEFINITIONS OF CASEWORK ACTIVITY CATEGORIES

EXPLORATION -- worker seeks information about relevant present or past situation, attitudes, and behavior. Although this activity may encourage airing of emotion-laden subject matter, its primary purpose is to gain knowledge rather than to effect a change in the client's behavior or attitudes.

STRUCTURING -- worker explains agency function, requirements, and expectations, so as to structure and clarify the nature of the agency-client and worker-client relationship. The primary purpose is to enhance the client's functioning in the role of client rather than to affect his functioning in life situations.

SUPPORT -- worker expresses reassurance, understanding, encouragement or sympathy with the client's feelings, situation, and efforts to cope with the situation.

DIRECTIVE TECHNIQUES -- worker attempts through advice, recommendations, or suggestions to promote or discourage particular client behaviors and courses of action. Such attempts by the worker can range from commands to implicit suggestions couched in the form of questions.

REFLECTIVE TECHNIQUES -- worker raises questions or gives explanations to increase the client's understanding of his own behavior and attitudes, his situation, the consequences of his behavior, and the reactions of others to him.

PRACTICAL HELP -- worker arranges for or provides any concrete service (e.g., homemaker service, transportation, money, goods, escort, etc.).

NON-VERBAL ACTIVITY WITH CHILD -- worker engages in play therapy or other planned activity with the child. Providing emotional support and reassurance to the child by holding him, and by other non-verbal means, is included in this category.

Agency Code_____
Case Code_____

B. SUMMARY OF OTHER ACTIVITY

1. Please indicate the number of telephone contacts you had with members of the household during the month:

   a. Number initiated by worker _____

   b. Number initiated by household member _____

2. Please indicate below the number of contacts (telephone or in-person) you had with collaterals during the month:

Person or Agency	# Initiated by Worker	# Initiated by Collateral
Relative.....	_____	_____
Friend, Neighbor.....	_____	_____
Clergy.....	_____	_____
School.....	_____	_____
Court, Police, Probation, etc....	_____	_____
Social Agency, Clinic, Hospital, etc.....	_____	_____
Other (specify) _____	_____	_____

3. Is more than one caseworker assigned to this family?

   Yes _____

   No _____

4. Were any in-person contacts made with household members by:

   a. Case aides? Yes____ No____

   b. Volunteers? Yes____ No____

   c. If yes, please indicate the number of contacts primarily for each of the following services:

	# Contacts by Case Aides	# Contacts by Volunteers
Transportation of children.....		
Transportation of adults.....		
Supervision of children during interviews....		
Tutoring of children.....		
Exposure of parents and children to cultural and recreational resources.....		
Friendly visiting.....		
Interviewing.....		
Other (specify)_____		

5. Check any of the following services provided by your own agency or arranged through another agency during the month:

Services Provided	By Own Agency	By Other Agency
Day care.....		
Homemaker service.....		
Financial assistance.....		
Individual and family casework.....		
Group counseling.....		
Recreational service.....		
Remedial tutoring.....		
Vocational training.....		
Job placement.....		
Psychiatric service.....		
Medical service.....		
Other (specify)		
_____		
_____		

C. SIGNIFICANT FAMILY EVENTS

1. Did any of the children leave the home during the month?

   a. Yes____
      No ____

   b. If yes, please indicate who, where, why, and for how long.

   _____

   _____

   _____

   c. If one or more children were placed during the month, will service in own home be continued to meet the needs of children remaining there?

      Yes ____ No ____

2. Were there any other significant events in the family during the month, including changes in household composition?

   a. Yes____
      No ____

   b. If yes, please describe:

   _____

   _____

   _____

   _____

3. Was this case closed during the month?

   a. Yes____
      No ____

   b. If yes, please indicate the reason for closing:

   _____

   _____

   _____

Appendix B

CWLA Study of Service in Own Home - Form E

Agency Code_____
Case Code_____

OUTCOME SCHEDULE

Surname or Case #_____ Date of Case Closing_____

Agency_____ (If case not closed, write "Not Closed" above)

Worker's Name_____ Present Date_____

Instructions

On pages 2-7 we wish you to assess the present level of functioning in this family as well as any changes that have come about in level of functioning since the opening of the case.

1. Level of Functioning: For each numbered subcategory within the "Areas of Functioning" listed below, place a check in the box that indicates your evaluation of the individual's or family's present level of functioning.

"Adequate" functioning means that adjustment, behavior, or conditions are in the normal or even above average range, or that the home and family situation is conducive to healthy physical and emotional development of the children.

"Somewhat Inadequate" functioning means that individual or family behavior, or conditions are somewhat problematic. There may not be an immediate danger, but there is a potential risk if conditions continue unabated or deteriorate.

"Grossly Inadequate" functioning means that individual or family adjustment, behavior, or conditions are distinctly pathological or antisocial and/or represent a clear and imminent danger to any individual family member or the family as a whole.

All children under 18 who were in the home at any time since initial contact should be covered in this schedule. If there were more than six such children, please attach additional copies of page 4. If either the mother (stepmother) or the father (stepfather) is not usually a member of the household, check NA (not applicable) for the items referring to that parent.

The main emphasis is what is known about each individual. It is recognized that you may not have comprehensive information on each one, so there is a space, labelled "UNK," for checking unknown when information is lacking. Use the space labelled "NA" for indicating items not applicable for any individual. For example, if the mother is not employed outside the home, an evaluation of her "employment functioning" would not be applicable and "NA" would be checked.

2. Changes in Functioning: This refers to any changes in level of functioning since the opening of the case. The functioning may have been "improved," become "worse," or have shown "no change."

3. Service Provided: This refers to any services provided in the area of functioning by your agency or by another agency per your arrangement.

AREAS OF FUNCTIONING	1. PRESENT LEVEL OF FUNCTIONING					2. CHANGES IN FUNCTIONING SINCE CASE OPENING			3. SERVICE PROVIDED	
	Adequate	Somewhat Inadequate	Grossly Inadequate	NA	UNK	Improved	No Change	Worse	Yes	No
I. Individual Functioning										
A. Mother (stepmother)										
1. Parental functioning (care and training of children)										
2. Marital functioning (affection and concern shown as wife)										
3. Employment functioning (job stability, work patterns and relationships)										
4. Household functioning (adequacy of homemaking efforts or arrangements)										
5. Physical functioning (illness, disabilities, etc.)										
6. Emotional functioning (adjustment and behavior)										
7. Use of formal resources (health, welfare, recreational, etc.)										
8. Use of informal resources (friends, neighbors, extended family, etc.)										

AREAS OF FUNCTIONING	1. PRESENT LEVEL OF FUNCTIONING					2. CHANGES IN FUNCTIONING SINCE CASE OPENING			3. SERVICE PROVIDED	
	Adequate	Somewhat Inadequate	Grossly Inadequate	NA	UNK	Improved	No Change	Worse	Yes	No
B. Father (stepfather)										
1. Parental functioning (care and training of children)										
2. Marital functioning (affection and concern shown as husband)										
3. Employment functioning (job stability, work patterns, etc.)										
4. Household functioning (efforts at maintenance and repair, and cooperation in homemaking)										
5. Physical functioning (illness, disabilities, etc.)										
6. Emotional functioning (adjustment and behavior)										
7. Use of formal resources (health, welfare, recreational, etc.)										
8. Use of informal resources (friends, neighbors, extended family, etc.)										

3.

AREAS OF FUNCTIONING	1. PRESENT LEVEL OF FUNCTIONING					2. CHANGES IN FUNCTIONING SINCE CASE OPENING			3. SERVICE PROVIDED	
	Adequate	Somewhat Inadequate	Grossly Inadequate	NA	UNK	Improved	No Change	Worse	Yes	No
C. Child 1, Name										
1. Family functioning (parent and sibling relationships, participation and cooperation in household tasks and family life)										
2. School functioning (adjustment and achievement in school)										
3. Physical functioning (illness, disability, etc.)										
4. Emotional functioning (adjustment and behavior)										
5. Social functioning (peer relationships)										
C. Child 2, Name										
1. Family functioning (parent and sibling relationships, participation and cooperation in household tasks and family life)										
2. School functioning (adjustment and achievement in school)										
3. Physical functioning (illness, disability, etc.)										
4. Emotional functioning (adjust-ment and behavior)										
5. Social functioning (peer relationships)										

AREAS OF FUNCTIONING	1. PRESENT LEVEL OF FUNCTIONING					2. CHANGES IN FUNCTIONING SINCE CASE OPENING			3. SERVICE PROVIDED	
	Adequate	Somewhat Inadequate	Grossly Inadequate	NA	UNK	Improved	No Change	Worse	Yes	No
C. Child 3, Name										
1. Family functioning (parent and sibling relationships, participation and cooperation in household tasks and family life)										
2. School functioning (adjustment and achievement in school)										
3. Physical functioning (illness, disability, etc.)										
4. Emotional functioning (adjustment and behavior)										
5. Social functioning (peer relationships)										
C. Child 4, Name										
1. Family functioning (parent and sibling relationships, participation and cooperation in household tasks and family life)										
2. School functioning (adjustment and achievement in school)										
3. Physical functioning (illness, disability, etc.)										
4. Emotional functioning (adjustment and behavior)										
5. Social functioning (peer relationships)										

AREAS OF FUNCTIONING	1. PRESENT LEVEL OF FUNCTIONING					2. CHANGES IN FUNCTIONING SINCE CASE OPENING			3. SERVICE PROVIDED	
	Adequate	Somewhat Inadequate	Grossly Inadequate	NA	UNK	Improved	No Change	Worse	Yes	No
C. Child 5, Name										
1. Family functioning (parent and sibling relationships, participation and cooperation in household tasks and family life)										
2. School functioning (adjustment and achievement in school)										
3. Physical functioning (illness, disability, etc.)										
4. Emotional functioning (adjustment and behavior)										
5. Social functioning (peer relationships)										
C. Child 6, Name										
1. Family functioning (parent and sibling relationships, participation and cooperation in household tasks and family life)										
2. School functioning (adjustment and achievement in school)										
3. Physical functioning (illness, disability, etc.)										
4. Emotional functioning (adjustment and behavior)										
5. Social functioning (peer relationships)										

Other Children

Are there any remaining children in the household on whom you have no information?

Yes ____ No ____ If yes, how many? _____

AREAS OF FUNCTIONING	1. PRESENT LEVEL OF FUNCTIONING					2. CHANGES IN FUNCTIONING SINCE CASE OPENING			3. SERVICE PROVIDED	
	Adequate	Somewhat Inadequate	Grossly Inadequate	NA	UNK	Improved	No Change	Worse	Yes	No
II. Family Functioning										
A. Child Care										
1. Physical care (clothing, diet, health care, cleanliness,etc.)										
2. Emotional care (warmth and affection, sense of belonging, etc.)										
3. Training methods (punishment, consistency, laxity, etc.)										
B. Family Interaction										
1. Parent-child relationships (specific conflicts, favoritism, etc.)										
2. Marital relationship (compatibility)										
3. Sibling relationships										
4. Relationships with other significant relatives										
5. Family integration (overall cohesiveness, collective responsibility)										
C. Financial Condition and Functioning										
1. Sources and adequacy of income										
2. Money management										
D. Housing and Household Functioning										
1. Adequacy and condition of housing (size, state of repair, neighborhood)										
2. Housekeeping practices (standard of family cleanliness and maintenance)										

PARENTAL CHARACTERISTICS

4. For each of the following items check whether it describes the parent(s) at this point in time. If the description is true in relation to any child in the home, it should be checked as "true" for the parent. If only one parent has been in the home, record for that parent only.

DESCRIPTION	MOTHER			FATHER		
	True	Not True	Unknown	True	Not True	Unknown
a. Shows little concern for children						
b. Does not recognize individual needs and differences between children						
c. Punishments of children are overly severe						
d. Does not set limits for children						
e. Is erratic in handling of children						
f. Is not warm and affectionate with children						
g. Places excessive responsibility on children						
h. Is extremely lax in discipline of children						
i. Has difficulty holding job						
j. Drinks excessively						
k. Is sexually promiscuous						
l. Habitually uses illegal drugs						
m. Has temper outbursts						
n. Acts impulsively						
o. Exhibits grossly deviant social attitudes						
p. Manages money poorly						
q. Has unwarranted feeling of being picked on by community						
r. Is suspicious or distrustful of others						
s. Appears withdrawn or depressed						
t. Appears emotionally disturbed						

PARENTAL CARE OF CHILDREN

5. We are concerned with getting a picture of the child care functioning of this family at this point in time. Functioning is to be considered inadequate if there is a deficiency in the area with all or any one of the children.

Area of Child Care Functioning	Adequate	Somewhat Inadequate	Grossly Inadequate	Unknown
a. Dress (cleanness, appropriate and sufficient)				
b. Attention to medical needs				
c. Feeding				
d. Sleep arrangements and supervision				
e. Protection from physical abuse, exploitation or exposure to dangerous situations				
f. Supervision or guidance				
g. Warmth and affection				
h. Concern regarding schooling				
i. Concern for personal hygiene (vermin, nits, dirt, etc.)				

6. How would you classify the emotional climate in the home? (Check one.)

____Excellent

____Good

____O.K.

____Poor

____Unknown

CHILDREN'S CHARACTERISTICS

7. Please fill in this section on all children under 18 who were in the home at any time since initial contact. For each item check whether the statement describes the child(ren) at this point in time. If the child is too young for an item to apply, mark the "NA" (not applicable) category. List the name of each child. (Request extra sheets if needed.)

ITEM	Child 1's Name				Child 2's Name				Child 3's Name			
	True	Not True	NA	UNK	True	Not True	NA	UNK	True	Not True	NA	UNK
a. Has physical disability which hampers his functioning												
b. Has frequent or chronic illness												
c. Appears undernourished												
d. Has learning difficulties in school												
e. Is behavior problem at school												
f. Is truant												
g. Does not accept parental control												
h. Fights with siblings												
i. Refuses to "help around the house"												
j. Steals from parents												
k. Runs away from home												
l. Has few or no friends of own age group												
m. Is aggressive, gets in many fights												

ITEM	Child 1's Name				Child 2's Name				Child 3's Name			
	True	Not True	NA	UNK	True	Not True	NA	UNK	True	Not True	NA	UNK
n. Is on probation												
o. Steals (other than from parents)												
p. Destroys property or commits vandalism												
q. Acts out sexually												
r. Is withdrawn												
s. Has temper tantrums												
t. Is fussy eater												
u. Has speech difficulties												
v. Is enuretic												
w. Is chronic liar												
x. Has sleeping difficulties (insomnia, nightmares, etc.)												
y. Is slovenly												
z. Other significant characteristic of child (specify)												
aa. Other significant characteristic of child (specify)												

ITEM	Child 4's Name				Child 5's Name				Child 6's Name			
	True	Not True	NA	UNK	True	Not True	NA	UNK	True	Not True	NA	UNK
a. Has physical disability which hampers his functioning												
b. Has frequent or chronic illness												
c. Appears undernourished												
d. Has learning difficulties in school												
e. Is behavior problem at school												
f. Is truant												
g. Does not accept parental control												
h. Fights with siblings												
i. Refuses to "help around the house"												
j. Steals from parents												
k. Runs away from home												
l. Has few or no friends of own age group												
m. Is aggressive, gets in many fights												

ITEM	Child 4's Name				Child 5's Name				Child 6's Name			
	True	Not True	NA	UNK	True	Not True	NA	UNK	True	Not True	NA	UNK
n. Is on probation												
o. Steals (other than from parents)												
p. Destroys property or commits vandalism												
q. Acts out sexually												
r. Is withdrawn												
s. Has temper tantrums												
t. Is fussy eater												
u. Has speech difficulties												
v. Is enuretic												
w. Is chronic liar												
x. Has sleeping difficulties (insomnia, nightmares, etc.)												
y. Is slovenly												
z. Other significant characteristic of child (specify)												
aa. Other significant characteristic of child (specify)												

Other children

[155] Are there any remaining children in the household on whom you have no information?

Yes ____ No ____ If yes, how many?_____

8. All in all, how would you evaluate child's emotional state?

	Child 1	Child 2	Child 3	Child 4	Child 5	Child 6
1. Normal.....						
2. Somewhat disturbed.....						
3. Markedly disturbed, but not psychotic.....						
4. Severely disturbed -- psychotic.....						
5. Insufficient data.....						

9. Please indicate the whereabouts of any children who are not now in the home, but who were in the home at the time of initial contact. Write in the children's names on the appropriate line, or check "none" if question does not apply.

	Names
1. None.....	☐
2. Living with relatives.....	
3. Foster home, group home, or institution for dependent children	
4. Institution for mentally retarded or emotionally disturbed.....	
5. Correctional institution.....	
6. Other (specify whereabouts below)	

10. To what extent would you say that the objectives of service were attained in this family? (Circle one)

1 A very great extent
2 A considerable extent
3 A limited extent
4 Not at all